DEPT.- 65

JOB- 15

REEL- 23

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.	

11. In your opinion does this record have any historical significance? YES [ ] NO [X]

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Prints + 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the *full name, sex, color, condition* (whether married or single) of the person and the *cause and date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1826 Eastern Ave. St.

Full Name David Howard

{Residence, if in Baltimore, Give Street and Number.} 1826 Eastern Ave

B91165

Duration of Residence in Baltimore. 91165

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 11th 1906

AGE ..... years, 5 months, 14 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Earnest Mc Kinney

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Marie E. Miller

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earnest Mc Kinney

(Address) 1826 Eastern Ave

Filed 6/28 1906

Regi

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 19

I HEREBY CERTIFY, That I attended deceased f

June 25 1906 to June 26 1906

that I last saw h alive on June 25 1906

and that death occurred, on the date stated above, at 2

A. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 1 D

Contributory (Primary.) —

(DURATION) DAY

(Signed) John H. Rehberger M.D.

Address 1709 alice anna St.

Date June 6 190 6

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91166

City of Baltimore, (No. 1324 Division St.; Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
FULL NAME ~~Not Name~~ Infant of George and Susie Minner

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 26th 1906 (Month) (Day) Year

AGE: ..... years, ... months, 5 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Minner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susie McCarthy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Minner

(Address) 1324 Division St

Filed 6/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26 1906

June (Month) 26 (Day) 1906 Year

I HEREBY CERTIFY, That I attended deceased from

1906 to 1906

that I last saw her alive on July 26 1906

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Premature birth

DURATION ..... DAYS

Contributory Premature birth

DURATION ..... DAYS

(Signed) D. B. Browne M. D.

July 29 1906 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	June 1906
UNDERTAKER	ADDRESS
M Tobey & Son	106 Edgevale

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91167.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91167.

City of Baltimore, (No.) 1324 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
FULL NAME Infant of George & Susie Minner.

[If death occurs in a Hospital or Institution give its NAME instead of street and number.]
Mannass

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: white
DATE OF BIRTH: June 26th 1906 (Month) (Day) (Year)
AGE: ..... years, ... months, 7 hours ..... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Md
FULL NAME OF FATHER: George Minner
BIRTHPLACE OF FATHER (State or country): Md
MAIDEN NAME OF MOTHER: Susie McCarthy
BIRTHPLACE OF MOTHER (State or country): Md
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Minner
Address 1324 Division St

Filed 6/28 1906 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1906
June (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 26 1906
that I last saw her alive on June 26 1906,
and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) DAYS

Contributory Premature birth

(DURATION) DAYS

(Signed) B. B. Browne M. D.
June 27 1906 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem
DATE OF BURIAL: June 28 1906
UNDERTAKER: M Fahey & Sons
ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 21168

City of Baltimore, (No. 1324 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Infant of George and Susie Minner Minner

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June 26th 1906 (Month) (Day) (Year)

AGE: ..... years, ... months 2 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Minner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susie McCarthy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Minner

(Address) 1324 Division St

Filed 6/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 27 1906

Jun (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jun 26 1906 to Jun 26 1906

that I last saw him alive on Jun 26 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) DAYS

Contributory Premature birth

(DURATION) DAYS

(Signed) D. B. Browne M. D.

Jun 27 1906 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: June 28 1906

UNDERTAKER: M Tracey & Son — ADDRESS: 606 Lafayette Ave

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 91169 — Registered No. B 91169

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CERTIFICATE OF DEATH.

Place of Death.) No. 1834 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Pepsler

{ Residence, if in Baltimore, Give Street and Number. } 1834 N. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 26th 1905

AGE: ....years, 8 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: C. H. Pepsler

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Rosa Leiderman

BIRTHPLACE OF MOTHER (State or country): Cecil Co. Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant C. H. Pepsler

Address 1834 N. Collington ave.

Filed 6/28 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1906

I HEREBY CERTIFY, That I attended deceased from June 24th 1906 to June 27th 1906

that I last saw him alive on June 26th 1906

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chron Impaction (DURATION) 2 DAYS

Contributory (Primary.) Malnutrition.

(DURATION) DAYS

(Signed) C. E. Fleming M.D.

Address 1419 Eager St

Date June 27th 1906

Place of Burial [redacted] Cemetery

Date June 28th 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 10

91170 Registered No. B 91170

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellenora Baker

{Residence, if in Baltimore, Give Street and Number.} 1414 E. Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 18th 1906

AGE: ..... years, 2 months, 9 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Benjamin Baker

BIRTHPLACE OF FATHER (State or country): Westminster Md.

MAIDEN NAME OF MOTHER: Annie Gumbert.

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1414 E. Biddle St.

Filed 6/28 1906 HARRY C. ADDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1907

I HEREBY CERTIFY, That I attended deceased from April 18th 1906 to June 27th 1906

that I last saw h.. alive on June 26 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia, & Gastro Enteritis

(DURATION) Life DAYS

Contributory (Primary.) Premature Birth

(DURATION) 6½ mos

(Signed) Jeffers Burch M.D.

Address 1127 Caroline St

Date 6/28/06 1906

Place of Burial Holy Redeemer (Cemetery)

Date June 28 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 91171

91171

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 N. Central ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fladung

{Residence, if in Baltimore, Give Street and Number.} 1218 N. Central ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 1 1904

AGE 1 years, 6 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Fladung.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Maggie Klein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fladung

(Address) 1218 N. Central Ave.

Filed 6/28 1906 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to June 26 1906

that I last saw h er alive on June 26 1906

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) J.C. Kemp, M.D.

Address 1714 E. Pratt

Date June 26 1906

Place of Burial St. Alphonsus Cemetery

Date June 28 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91172

City of Baltimore, (No. 933 Woodyear St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Thomas Hall.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colored.

DATE OF BIRTH: May (Month) 25th (Day) 1903 (Year)

AGE: 3 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: West. Hall.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Clara. Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thomas

(Address) 933 Woodyear st.

Filed 6/28 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20th 1906 to June 26th 1906 that I last saw h-- alive on June 26 1906, and that death occurred, on the date stated above, at 7.10 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. L. Heuland M. D.

June 27 1906 (Address) 1827 Pierce

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: June 28 1906

UNDERTAKER: Sam'l H. Chase

ADDRESS: 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained; the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91173

City of Baltimore, (No. 683 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily Hughes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Green

(Address) 680 Pine St

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 28 1906

that I last saw h er alive on June 27 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

old age - natural causes.

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. T. K. Jones M. D.

June 28 1906 (Address) 207 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 29 1906

UNDERTAKER: Alex Hensley — ADDRESS: 578 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 16

91174

Registered No. B 91174

CERTIFICATE OF DEATH.

(Place of Death.) No. Tolchester Md. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Tobe Rubenstein

{Residence, if in Baltimore, Give Street and Number.} #13 N. Amity St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 31. 1905

AGE 1 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Harry Rubenstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dora Orvitsch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Rubenstein father

(Address) 13 N. Amity St

Filed 6/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h ~~alive on~~ ~~190~~,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Destitution (DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date June 28 1906

Place of Burial Philips Rd Ross Road

Date June 28, 1906

Undertaker Wm Lerrison

Address 1138 Lowst.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 91175

91175

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 S Eutaw st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hirsch Seltzer

{Residence, if in Baltimore, Give Street and Number.} 215 S Eutaw St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1850

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Hyam Seltzer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mollie B. Seltzer

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Seltzer

(Address) 215 S. Eutaw St.

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to June 26 1906

that I last saw him alive on June 26 1906,

and that death ~~occurred, on the date stated above,~~ at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 5 DAYS

Con'tributory (Primary.) Carcinoma of Intestine (DURATION) 120 DAYS

(Signed) Joseph Eichberg M.D.

Address 1516 Madison Ave.

Date June 27 1906

Place of Burial Washington Cem.

Date June 28, 1906

Undertaker May Levinson

Address 1128 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91176

City of Baltimore, (No. 109 S. High St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Silverman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years. 11 months. ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Silverman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Stein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Silverman

(Address) 109 S. High st

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to June 27 1906 that I last saw h in alive on June 27 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) M Catalata M. D.

June 28 1906 (Address) 827 Division

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Shaarey Zedek Rosedale	June 28 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lovat

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

Ward 4 — 91177 — Registered No. B 91177

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 n Gay St — St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Kelley Warren

{Residence, if in Baltimore, Give Street and Number.} 212 n Gay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 14 1905

AGE 1 years, 1 mont's, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John. J. Warren

BIRTHPLACE OF FATHER (State or country) Prussia—

MAIDEN NAME OF MOTHER Anna Sobolewski

BIRTHPLACE OF MOTHER (State or country) Poland—

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. J. Warren

(Address) 212 n Gay St

Filed 6/28/06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to June 26 1906

that I last saw h[illegible] alive on June 25 1906.

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

10 days

(DURATION) 10 DAYS

Contributory (Primary.) Anemia Pernicosa (DURATION) 2 DAYS

(Signed) A. Reglforth M.D.

Address 120 E Monument St

Date June 26 1906

Place of Burial St. Vincent Cemetery

Date June 28/06 1906

Undertaker Chas. Sience

Address 1002 E. Balt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

Registered No. B 91178

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91178
CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm M. Watkins

{Residence, if in Baltimore, Give Street and Number.} 1722 N. Calhoun

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: August 21 1886

AGE: 19 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Millard F Watkins

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Catherine McKenny

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millard Watkins

(Address) 1722 N Calhoun St

Filed

1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1906

I HEREBY CERTIFY, That I attended deceased from Asthenia 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 330 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage & Shock

Result Injuries received by col. of Ho of cars at Cor of Madison ave & Whitelock St on Jan 26 06

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Gilbert M.D.

Address 211 W. Lanvale

Date Jan 28th 1906

Place of Burial Green Mount Cem

Date June 29 1906

Undertaker W. M. Rowlson

Address 231 N Green St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 12 21

Registered No. B 105

91179

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Adreon

{ Residence, if in Baltimore, Give Street and Number. } 813 S. Paca St. Balto Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct 29 1905
AGE	..... years, 8 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wm H. Adreon
BIRTHPLACE OF FATHER (State or country)	Balto city
MAIDEN NAME OF MOTHER	Anna L Kifer
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Adreon

(Address) 813 S Paca

Filed 6/27 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to June 27 1906 that I last saw her alive on June 26 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) J M Delavert M.D M.D.

Address .....

Date June 28 1906

Place of Burial St Peters Cemetery

Date June 28 1906

Undertaker Conner Dignan & Son

Address 757 W Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91180

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91180

City of Baltimore, (No. 1123, Granby St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Berman

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Berman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER mary comress

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Berman

(Address) 1123 Granby st

Filed 6/28 1906 HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 23rd 1906 to June 28th 1906

that I last saw h-r alive on June 23rd 1906.

and that death occurred, on the date stated above, at 9.15 P. M. The CAUSE OF DEATH was as follows:

Suffocative Angiitis

(DURATION) 14 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. J. Lacer M. D.

June 29 1906 (Address) 200 S Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL
Philard cem crem	June 29 1906
UNDERTAKER	ADDRESS
May Levinson	1138 Low st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91181 Registered No. B 170

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum (Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William West

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore..... 35 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: 1	
AGE: 75 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Virginia	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/28 1906 HARRY C. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1906

I HEREBY CERTIFY, That I attended deceased from June 13th 1906 to June 26th 1906

that I last saw him alive on June 26th 1906

and that death occurred, on the date stated above, at 12-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Bright's Disease

Arteriosclerosis (DURATION) Unk DAYS

(Signed) N M Downs M.D.

Address Bay View Asylum

Date June 27th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 27 1906 1906

Undertaker William H. Wooden

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, [illegible]

Ward 18 — 91182 — Registered No. B 91182

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Adaline Berry.

{Residence, if in Baltimore, Give Street and Number.} 916 Vine St.,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored,

DATE OF BIRTH: June 26th 1906

AGE: ..... years, ... months, 6 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant—

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Louis Harry Gebbs.

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Adaline Rebecca Berry

BIRTHPLACE OF MOTHER (State or country): Cambridge Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 916 Vine St

Filed 6/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26 1/4 1906

I HEREBY CERTIFY, That I attended deceased from June 26 10 A.M. 1906 to June 26 2 P.M. 1906 that I last saw him alive on June 26 3 P.M. 1906, and that death occurred, on the date stated above, at 3 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth, due to Mothers broken down nervous condition.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Ellicott Tyson M.D.

Address 622 W. Lombard St.,

Date June 26th 1906

COLLEGE OF P. & S.

Place of Burial

JUN 27 1906

Date 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the City Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

Ward 17

91183

Registered No. B 91183

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CERTIFICATE OF DEATH.

(Place of Death.) No. 578 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Eugene and Dora Hayward

{ Residence, if in Baltimore, Give Street and Number. } 578 N. Eutaw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 18th 1906

AGE: — years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eugene Haywood

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Dora Outlaw

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Haywood

(Address) 578 N. Eutaw St.

Filed 6/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Evening)

Date June 27th 1906

Place of Burial COLLEGE OF P. & S

Date JUN 27 1906 190 .....

Undertaker Commissioner Health.

Address Health Department

HARRY J. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91184

City of Baltimore, (No. 1113, Barclay St.; ~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Nora Kapp

PERSONAL AND STATISTICAL PARTICULARS

SEX: fem | COLOR: wht

DATE OF BIRTH: June 27 1903 (Month) (Day) (Year)

AGE: 3 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edwin V. Kapp

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Galt

BIRTHPLACE OF MOTHER (State or country): S. C.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin V Kapp

(Address) 1113 Barclay St Baltimore

Filed 6/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28 1906 (Month) (Day) (Year)

I ~~HEREBY CERTIFY~~, That I attended deceased from Dec 1905 to June 27 1906

that I last saw her alive on Sun June 24 1906,

and that death occurred, on the date stated above, at 2.34 A. M. The CAUSE OF DEATH was as follows:

ascites

(DURATION) 6 mo ~~DAYS~~

Contributory secondatenal albuminuria

7 mo (DURATION) ~~DAYS~~

(Signed) G Lane Tanyhill M. D.

June 28 1906 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: June 30 1906

UNDERTAKER: H. C. Wiedefeld | ADDRESS: 914 Greenmt Ave

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

91185

Registered No. B 91185

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 567 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. A. Pue

{Residence, if in Baltimore, Give Street and Number.} 567 Orchard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May 19th 1904

AGE: — years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Living Pue

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sadie Gross

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Gross

(Address) 567 Orchard St

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

11. CAUSE OF DEATH (Secondary or Immediate.)

Secondary Syphilis

(Dr. Ellis)

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lucian Blackman M.D.

Address 700 Log. Av. (Coroner)

Date June 27th 1906

Place of Burial Laurel Cemeteries

Date June 28th 1906

Undertaker Felix B Pue

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 91186 — Registered No. B 91186

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S. Norris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. Wood

{Residence, if in Baltimore, Give Street and Number.} 326 S. Norris St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dont Know

AGE: About 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Woods

(Address) 326 S. Norris St

Filed 6/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27" 1906

I HEREBY CERTIFY, That I attended deceased from Apr 30" 1906 to June 27" 1906

that I last saw h alive on June 27 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Brights disease (DURATION) 58 DAYS

(Signed) Dr Blaney M.D.

Address 110 S. Gilmor St

Date June 27" 1906

Place of Burial Mt Carmel

Date June 30 1906

Undertaker John Heaman

Address 901 Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, ...

Ward 18 — 91187 — Registered No. B 91187

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerome A. Gentz

{Residence, if in Baltimore, Give Street and Number.} 1009 N. Lexington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1/1906

AGE ... years, 5 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph A. Gentz

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Ellinor Dolch

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellinor Dolch

(Address) 1009 N. Lexington St.

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to June 27 1906

that I last saw h~~im~~ alive on " " 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington

Date June 28 1906

Place of Burial Balto. Cemetery

Date June 29 1906

Undertaker H. Dan Lamb

Address 2113 W Pratt st

WM. J. C. DULANY CO., BALTIMORE.

Dr. Marshall Smith - Mount & Lexington Sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 91188 — Registered No. B 91188

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 S Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Sloane

{Residence, if in Baltimore, Give Street and Number.} 126 S. Carey St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1906

AGE: ..... years, 2 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Albert Sloane

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Daley

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sloane

(Address) 126 S. Carey St.

Filed 6/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27th 1906

I HEREBY CERTIFY, That I attended deceased from June 27th 1906 to June 27th 1906

that I last saw him alive on June 27th 1906

and that death occurred, on the date stated above, at 6

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Con'tributory (Primary.) Malnutrition

(DURATION) ..... DAYS

(Signed) E. a. Knoor M.D.

Address 1727 W. Lombard

Date June 28th 1906

Place of Burial St Peters

Date June 28 1906

Undertaker John Howar

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Dr. Knoor.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 91189 — Registered No. B 91189

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Mitchell

{Residence, if in Baltimore, Give Street and Number.} 835 N. Fremont

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26 1879

AGE: 27 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Mary Co Md

FULL NAME OF FATHER: Jos S. Allston

BIRTHPLACE OF FATHER (State or country): St Mary Co Md

MAIDEN NAME OF MOTHER: Mary A Dean

BIRTHPLACE OF MOTHER (State or country): St Mary Co Md

OCCUPATION OF DECEASED: Home Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Hattie C. Mitchell

(Address) 835 N Fremont Ave

Filed 6/28 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from May 31 1906 to June 27 1906 that I last saw h[er] alive on June 26 1906, and that death occurred, on the date stated above, at 10 a. a M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever
Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Bunn M.D.

Address 828 N. Carrollton Ave

Date June 27 1906

Place of Burial

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WESTERN JUN 28 1906

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91190

City of Baltimore, (No. 738 Cumberland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen Winfield Robertson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: (Month) (Day) 1858 (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Jas. A. Robertson

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Martha A. Barton

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Atkinson

(Address) 738 Cumberland St

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 24th 1906 to June 26 1906

that I last saw him alive on June 26 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Pyelitis (Bright's Dis) Kidneys
Paralysis heart
Coma

(DURATION) Not known DAYS

Contributory Mitral heart

(DURATION) Not known DAYS

(Signed) E. E. Smith M. D.

(Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	June 29 1906
UNDERTAKER	ADDRESS
John E Hough Co	1722 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91-191 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clotilda Summers.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. [redacted] Hollyday, Supt.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 6/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 27 1906 that I last saw h.r alive on June 27 1906, and that death occurred, on the date stated above, at 12.20 P.M. CAUSE OF DEATH (Secondary or immediate)

Chronic Interstitial Nephritis, Cardiac regurgitation, Senility

..... (DURATION) ..... DAYS

Contributory (Primary.) Hypostatic Pneumonia

..... (DURATION) ..... DAYS

(Signed) J. McDermid M.D.

Address Bay View

Date June 28 1906

Place of Burial Mt Auburn

Date June 28 1906

Undertaker J. H. Scudieri

Address 20 Courtland St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14

91192 Registered No. B 91192

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 Linden Avenue - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilmer Langfield Keller

{Residence, if in Baltimore, Give Street and Number.} 1822 Linden Avenue

Duration of Residence in Baltimore. 60 years, 3 mos -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White -

DATE OF BIRTH March 11th 1846

AGE 60 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md. -

FULL NAME OF FATHER Otho Stallins Keller -

BIRTHPLACE OF FATHER (State or country) Frederick Co. - Frederick

MAIDEN NAME OF MOTHER Eliza Rodewald Ogle -

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md. -

OCCUPATION OF DECEASED Druggist and Chemist -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Keller -

(Address) Park Hill - Yonkers, N.Y.

Filed 6/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

~~I HEREBY CERTIFY, That I attended deceased from~~

June 1st 1906 to June 27th 1906

that I last saw him alive on June 27th 1906,

and that death occurred, on the date stated above, at 5A M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 27 DAYS

Contributory (Primary) Cerebral Hemorrhage

2 years (DURATION) DAYS

(Signed) Otho S. Pennington M.D.

Address 1716 Linden Ave

Date June 27th 1906

Place of Burial London Park Cem

Date June 29th 1906 ~~190~~

Undertaker Hemsperins & Sons Co

Address 233 W. Saratoga St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of [illegible]

Ward 8 — 91193 — Registered No. B 91193

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Port St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Schulte

{Residence, if in Baltimore, Give Street and Number.} 1102 Port St

Duration of Residence in Baltimore. 22 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 7th February 1861

AGE: 45 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John J. Schulte

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Maria Schuck

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Snyder

(Address) 2318 E Chase St

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from June 26th 1906 to June 27th 1906

that I last saw him alive on June 27th 1906, and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis and Aortic Regurgitation

(DURATION) Several Days

Contributory (Primary)

(DURATION) DAYS

(Signed) Albert G. Singewald M.D.

Address 120 N. Patterson Park Ave

Date June 28th, 1906

Place of Burial Baltimore City

Date June 30th 1906

Undertaker New Jenkins Undertaking Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 91194 — Registered No. B 91194

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Schleigh

{ Residence, if in Baltimore, Give Street and Number. } 1720 Hopkins ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 26 1874

AGE: 31 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto, Md

FULL NAME OF FATHER: William H. Schleigh

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie Jenkins

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED: Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Schleigh

(Address) 1720 E. Hopkins Ave

Filed 6/28 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906

I HEREBY CERTIFY, That I attended deceased from June 22 1906 to June 27 1906 that I last saw h[illegible] alive on June 27 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

After intoxication

(DURATION) DAYS

Contributory (Primary.) Acute gangrenous appendicitis with abscess (DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date June 27th 1906

Place of Burial Cathedral Cemetery

Date June 30" 1906

Undertaker Evans & Spence

Address 1000 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6

91195 Registered No. B 91195

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 N Baxter St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Robert King

{Residence, if in Baltimore, Give Street and Number.} 129 N Baxter St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: June 23 1906

AGE: ....years, ...months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER: John King

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Lottie E Reefner

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John King

(Address) 129 N Baxter St

Filed 6/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to June 27 1906 that I last saw him alive on June 27 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Jaundice & Hemorrhage,

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A C Beam M.D.

Address 156 Hamilton Ave

Date June 28 1906

Place of Burial Holy Cross

Date June 28th 1906

Undertaker Wendell Disbrow Sons

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

91196 Registered No. B 91196

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Edward Hare

{Residence, if in Baltimore, Give Street and Number.} 201 Druid Ave, Woodbury

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 16- 1899

AGE: 6 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jno. P. Hare

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha E. Boblitz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. P. Hare

(Address) 201 Druid Ave

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27, 1906

I HEREBY CERTIFY, That I attended deceased from June 22, 1906 to June 27 1906 that I last saw him alive on June 27 1906, and that death occurred, on the date stated above, at 9:00 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(Primary injury - contusion of great toe from ice falling on foot) (DURATION) 18 DAYS

Contributory (Primary.) Cardiac failure (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date June 27, 1906

Place of Burial Hopkins Baltimore Co Grace Run Cemetery

Date June 29- 1906

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91197.

City of Baltimore, (No. 2100 Druid Hill Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 91 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Stern

(Address) 2100 Druid Hill Ave.

Filed 6/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 28 1906

that I last saw him alive on June 7 1906

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) Wm S Love M. D.

June 28 1906 (Address) 2115 Dill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebb. Point Haven | DATE OF BURIAL: June 29 1906

UNDERTAKER: Hart & Sondheim | ADDRESS: 92 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22

91198

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander A. Kuhn

{ Residence, if in Baltimore, Give Street and Number. } 830 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 6 1836

AGE: 69 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John M. Kuhn

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Eva Hild

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kuhn

(Address) 830 Hanover St

Filed 6/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to June 26 1906

that I last saw him alive on June 26 1906,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 1 Year DAYS

Contributory (Primary.) Phthisis Pulmonalis. (DURATION) 1 Year DAYS

(Signed) Wm B. McDonald M.D.

Address 1305 Linden Ave.

Date June 28, 1906

Place of Burial Fav. Woodlawn C

Date June 29 1906

Undertaker Fid. Krause & Bro

Address 203 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 91199 — Registered No. B

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 253 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Weinstein

{Residence, if in Baltimore, Give Street and Number.} 253 N. Exeter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Weinstein

BIRTHPLACE OF FATHER (State or country): russian

MAIDEN NAME OF MOTHER: Goldie Luebove

BIRTHPLACE OF MOTHER (State or country): russian

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Weinstein

(Address) 235 N. Exeter St

Filed June 29 1906

HENRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 28 1906

that I last saw h ..... alive on ..... 190.....

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Sick one week, called by Dr Freedman, never out of bed

..... (DURATION) ..... DAYS

Contributory (Primary.) ——

..... (DURATION) ..... DAYS

(Signed) I. D. Feldstein Coroner M.D.

Address 711 W. Lanvale

Date June 28th 1906

Place of Burial Philadelphia road Zion cem Hebrew

Date June 28 1906

Undertaker Max Levinson

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91200

City of Baltimore, (No. 1327, Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary McDonough

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 18th (Month) (Day) 1887 (Year)

AGE: 18 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael McDonough

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: May Creighton

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Creighton

(Address) 1327 Wilcox St

Filed 6/29 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 28 1906 that I last saw h[er] alive on June 28 1906, and that death occurred, on the date stated above, at 1.55 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis

Unknown (DURATION) DAYS

Contributory Exhaustion

Unknown (DURATION) DAYS

(Signed) J. H. Robinson M. D.

1906 (Address) 726 E. Pratt St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pleasant Balto Co. | DATE OF BURIAL: July 1st 1906

UNDERTAKER: A F Rulbin | ADDRESS: 1714 Mc Henry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 91201 Registered No. B 91201

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kennedy Tunnell.

{ Residence, if in Baltimore, Give Street and Number. } 8. W. Hughes St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt

(Address) BAY VIEW ASYLUM

Filed 6/29/06 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 28 1906 that I last saw him alive on June 25 1906, and that death occurred, on the date stated above, at 1 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation and Pericarditis acute

(DURATION) DAYS

Contributory (Primary.) Anaemia of Insane (DURATION) DAYS

(Signed) Thomas Lee M.D.

Address Bay View Asylum

Date June 28 1906

Place of Burial Mt Auburn

Date June 29 1906

Undertaker R. H. Elliott

Address 576 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

Registered No. B 91202

91202

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Taylor

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 52 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: House Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/29/06

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 26 1906

that I last saw her alive on June 26 1906,

and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis.

Hypostatic Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion,

..... (DURATION) ..... DAYS

(Signed) Wm Andrews Jr M.D.

Address Bay View Asyl.

Date 190

Place of Burial Laurel

Date June 30 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10

91203 Registered No. B 91203

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 803 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Sanders

{ Residence, if in Baltimore, Give Street and Number. } 803 Madison ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Johnson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maggie Sanders

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Sanders

(Address) 803 Madison ave

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred R Carruthers M.D.

Address Coroners Office

Date June 28-06 1906

Place of Burial Laurel

Date June 29 - 1906

Undertaker A F Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th

91204

Registered No. B 91204

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 12 N. Port. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George L. Knott

{Residence, if in Baltimore, Give Street and Number.} 12 N. Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 6th 1903

AGE: — years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Knott.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Bety

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Knott.

(Address) 12 N. Port St

Filed 6/29 1906

HARRY G. ANDREAS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 27 1907

that I last saw h. alive on June 26 1906,

and that death occurred, on the date stated above, at 4.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis.

(DURATION) 4 DAYS

Contributory (Primary.) Asthenia.

(DURATION) DAYS

(Signed) Alfred Ullman M.D.

Address 1526 N. Broadway

Date June 27. 1906.

Place of Burial Holy Redeemer Cem.

Date June 29th 1906

Undertaker Germanus Turnure

Address Cor. Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91205 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 E. Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name LeRoy E. Barber

{Residence, if in Baltimore, Give Street and Number.} 1539 E. Madison St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: July 9 1885

AGE: 20 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas R. Barber

BIRTHPLACE OF FATHER (State or country): Frederick County Md

MAIDEN NAME OF MOTHER: Marcelia Epson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Shoe Teller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcelia Ringgold

(Address) 1539 E. Madison

Filed 6/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from June 1 — 1906 to June 28 — 1906

that I last saw h i m alive on June 28 — 1906,

and that death occurred, on the date stated above, at 8-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of lungs

(DURATION) One DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 28 DAYS

(Signed) Geo. A. Hartman, M.D.
per Edwin B. Fenby

Address 1121 N. Caroline St

Date June 28 — 1906

Place of Burial Mount Olivet

Date July 1 1906

Undertaker A. Fenby & Son

Address 910 N. Gay St

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 91206 Registered No. B 91206

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Moore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rogers Johnson

{Residence, if in Baltimore, Give Street and Number.} 430 Moore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Jan. 5th, 1900

AGE ..... years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Othello Johnson

BIRTHPLACE OF FATHER (State or country) Snow Hill, Md.

MAIDEN NAME OF MOTHER Blanche Woodson

BIRTHPLACE OF MOTHER (State or country) Richmond, Va.

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Johnson

(Address) 430 Moore St.

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 26th 1906 to June 27th 1906 that I last saw him alive on June 27th 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hours

Contributory (Primary.) Diarrhea

(DURATION) 17 DAYS

(Signed) A. Lee Ellis M.D.

Address 622 Mad. Ave.

Date June 28th. 1906.

Place of Burial Mt Auburn Cemetery

Date June 29 1906

Undertaker J. A. Bruhn

Address 700 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91207. — Registered No. B 91207

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dahler

{Residence, if in Baltimore, Give Street and Number.} 2126 Eagle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 12th 1906

AGE: — 6 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto: Md

FULL NAME OF FATHER: John Dahler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis - Fogel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Dahler

(Address) 2126 Eagle St

Filed 6/29 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to June 27 1906

that I last saw him alive on June 26 1906,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal injuries caused by Collision between Dayton Bryon & B.O.R.R. train No. two & Rail fell on his Pelvis Accidental

Contributory (Primary) Surgical Shock & Exhaustion (DURATION) 2 DAYS

(Signed) C. Francis Jones M.D.

Address Corner 8th & Conkling

Date June 28th 1906

Place of Burial New Cathedral Cemetary

Date June 30th "1906

Undertaker C. H. McDermick

Address 1729 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91208

City of Baltimore, (No. 1604 Lancaster St.; Ward). [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michal Kowalski

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	[redacted] (Month) 1 (Day) [redacted] (Year)
AGE	1 years, [redacted] months, [redacted] days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Alabama
FULL NAME OF FATHER	Josef Kowalski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Mary Kulinska
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kowalska

(Address) 1604 Lancaster

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 28 1906

that I last saw h[redacted] alive on June 27 1906

and that death occurred, on the date stated above, at 1 [illegible] M. The CAUSE OF DEATH was as follows:

Acute Gastritis

(DURATION) 2 DAYS

Contributory [redacted]

(DURATION) [redacted] DAYS

(Signed) J. Wiechmann M. D.

June 28 1906 (Address) 160 Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence [redacted] How long at Place of Death? [redacted] Days

Where was disease contracted, if not at place of death? [redacted]

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 29 1906
UNDERTAKER	ADDRESS
J Fraenkowski	428 S Bond

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91209

City of Baltimore, (No. 526, Pikland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Elizabeth Suresch

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 5 (Day) 1904 (Year)

AGE: 1 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City Md.

FULL NAME OF FATHER: Chas. A. Suresch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Lehmert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Suresch

(Address) 2039 Hillins St.

Filed 6/29 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to June 27 1906

that I last saw h[illegible] alive on June 27 1906

and that death occurred, on the date stated above, at 7 12 P. M. The CAUSE OF DEATH was as follows:

Dentition

(DURATION) 21 DAYS

Contributory Mesenteritis

(DURATION) 3 DAYS

(Signed) Harry Boyd M.D.

June 29 1906 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: June 29 06

UNDERTAKER: Philip Seward Sr. | ADDRESS: 119 S. Eu[illegible] tow[illegible]

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B 91210

91210

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 202 S. Norris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johann Rummar

{Residence, if in Baltimore, Give Street and Number.} 202 S. Norris St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28" 1906

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Johann Rummar

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Rummar

(Address) 202 S. Norris St

Filed 6/29 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28" 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 28 1906 that I last saw h[illegible] alive on June 28 1906, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 110 S. Gilmor St

Date June 28" 1906

Place of Burial Mt. Olivet Cem

Date June 29th 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Jenkins alley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel D. Green

{Residence, if in Baltimore, Give Street and Number.} 1011 Jenkins alley 91211

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH 13th March 1890

AGE 16 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas H. Green

BIRTHPLACE OF FATHER (State or country): A A Co. Md

MAIDEN NAME OF MOTHER: Mary E Ross.

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Green

(Address) 1011 Jenkins al

Filed 6/29 1906

HARRY U. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1906.

I HEREBY CERTIFY, That I attended deceased from May 11th 1906 to June 27th 1906

that I last saw her alive on June 27 1906

and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 60 DAYS

Con'tributory (Primary)

Bronchitis (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date June 28th 1906.

Place of Burial Laurel Cemetery

Date June 30 1906

Undertaker Felix B Pyz

Address 110 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 194

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Linden - Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Norman Jackson

{Residence, if in Baltimore, Give Street and Number.} 909 Linden Ave

91212

Duration of Residence in Baltimore. 6 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1887

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert Jackson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Matilda Crowder

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. T. Jackson 1131 Ga

(Address) 919 Linden Ave

Filed 6/29 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

Laith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-28- 1906

I HEREBY CERTIFY, That I attended deceased from 6-26 1906 to 6-28 1906

that I last saw him alive on 6-28 1906

and that death occurred, on the date stated above, at 12.35 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 36 Hrs DAYS

Contributory (Primary.) Heart

(DURATION) 36 Hrs DAYS

(Signed) G. W. Hammond M.D.

Address 708 Eutaw St

Date June 28 1906

Place of Burial Blackstone Wharf Kingsway Ross Va

Date June 29 1906

Undertaker Felix B Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B 1218

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Mercy Medical Institution St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jerry Jr. Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 1451 Covington Ave

Duration of Residence in Baltimore. born

91213

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Dec. 20 1906	
AGE: ..... years, 6 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto Md	
FULL NAME OF FATHER: Charles Zimmerman	
BIRTHPLACE OF FATHER (State or country): Cumberland Md	
MAIDEN NAME OF MOTHER: Alice Zapp	
BIRTHPLACE OF MOTHER (State or country): West Virginia	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Zimmerman

(Address) 1451 Covington st

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 27 1906

that I last saw him alive on June 27 1906

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Dyspepsia drunkard

(DURATION) 7 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) J. Workman M.D.

Address 804 Cathedral St

Date June 28th 1906

Place of Burial Cedar Hill

Date June 29 1906

Undertaker C. I. Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91214 Registered No. B 91214

77

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 West Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Murray

{Residence, if in Baltimore, Give Street and Number.} 631 W. Franklin St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 15" 1881

AGE 24 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Michael Murray

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Katherine Mooney

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Gertrude Murray

(Address) 631 W. Franklin St.

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1904 to June 28th 1906

that I last saw him alive on June 28th 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Pulmonary Hemorrhage
Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date June 29th 1906

Place of Burial Cathedral Cemetery

Date July 2" 1906

Undertaker Hy. W. Mears and Sons

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91215

City of Baltimore, (No. 316 E. 20th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marion S. Burbank

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 8 (Month) 1 (Day) Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas D Burbank

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas D Burbank

(Address) 316 E 20th St

Filed 6/29/06

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 28 1906

that I last saw her alive on June 28 1906,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

An undeveloped brain — Secretions of Kidneys and bowels never established

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Alfred Hanstale, M. D.

June 29 1906 (Address) 921 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: June 29 1906

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91216

City of Baltimore, (No. Franciscan Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther A. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: July (Month) 13th (Day) 1878 (Year)	
AGE: 27 years, 11 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Calvert Co.
FULL NAME OF FATHER	Francis Bowen
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Julia M. Bowen
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. M. Young

(Address) 12 S Gilmor st

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23rd 1906 to June 29th 1906

that I last saw h er alive on June 29th 1906,

and that death occurred, on the date stated above, at 9:-- A. M. The CAUSE OF DEATH was as follows:

Osteo-Sarcoma, involving
dexter extrem right side of face,
and underlying Structures.

(DURATION) 2 Months

Contributory Coma and Cardiac asthenia
following de removal 6/29/06 (DURATION) 48 hours.

(Signed) Walter A. Wood, M. D.

June 29th 1906 (Address) Franciscan Square Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 12 S. Gilmor St How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	7-1st 1906
UNDERTAKER: Robt Brockerson	ADDRESS: 17 S Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

91217 Registered No. B

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent Crist

{ Residence, if in Baltimore, Give Street and Number. } # 814 S. Bond St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Crist.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maggie Skopinska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Crist (Mother)

(Address) 814 S. Bond St.

Filed 6/29 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th, 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 29 1906

that I last saw him alive on June 28 1906,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alicanna

Date June 29 1906

Place of Burial St Stanislaus

Date Sunday July 1st 1906

Undertaker M. F. Jackowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 91218 — Registered No. B 91515 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2335 E. Trillinan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank E. Swilley

{ Residence, if in Baltimore, Give Street and Number. } 2335 Trillinan St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 30th 1905

AGE: 0 years, 6 months, 29 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Chas H. Swilley

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Katie Koss

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Swilley

(Address) 2335 Trillinan St

Filed 6/29/06 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1906

I HEREBY CERTIFY, That I attended deceased from July 28, 1906 to July 29 1906 that I last saw him alive on July 29 1906, and that death occurred, on the date stated above, at 6:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 hrs.

(Signed) P. E. Lilly M.D.

Address 200 E Cranmer St

Date June 29 1906

Place of Burial Chas Baltimore Md

Date JUN 30 1906 190

Undertaker Wm. J. C. Dulany Co.

Address 922 E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 91219 — Registered No. B 91219

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 553 Robert st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosina M. Fassel

{Residence, if in Baltimore, Give Street and Number.} 553 Robert st

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 19th 1828

AGE: 77 years, 10 months, 9 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George M. Fassell Son

(Address) 553 Robert st

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 28 1906 that I last saw her alive on June 28 1906 and that death occurred, on the date stated above, at 930 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis -

(DURATION) 1 DAYS

Contributory (Primary) Exhaustion from Diarrhoea

(DURATION) 4 DAYS

(Signed) Chas E. Gaddess M.D.

Address 1800 Bolton St

Date June 28th 1906

Place of Burial Western Cemetary

Date July 1st 1906

Undertaker's George Schilling + Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

Registered No. B 91220

CERTIFICATE OF DEATH.

(Place of Death.) No. 1047 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ray

{ Residence, if in Baltimore, Give Street and Number. } 1047 Light st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct 1905

AGE ..... years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Hugh. Ray.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Edda. Morris

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Ray

(Address) 1047. Light. St.

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 26 1906 that I last saw h[illegible] alive on June 26 1906, and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteric - Colitis

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) E. D. Elles M.D.

Address 915 Light st

Date June 28 1906

Place of Burial Balto. Cemetery.

Date June-29 1906.

Undertaker M. Doyle & Son.

Address 17. E. Lee. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91221 — Registered No. B 91221

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinch. Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj. F. Holley

{Residence, if in Baltimore, Give Street and Number.} St. Vinch. Inf. Asy.

Duration of Residence in Baltimore. Lifetime 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Apr. 23 1906
AGE	..... years, 2 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	White Sulphur Va
FULL NAME OF FATHER	Benj F Holley
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Catherine Wernsing
BIRTHPLACE OF MOTHER (State or country)	Baltd Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Holley

(Address) 623 Eastern Ave

Filed 6/29 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 28 1906 that I last saw him alive on June 27, 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute intestinal intoxication

(DURATION) 1½ DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N. Caroline St.

Date 6/28 1906

Place of Burial Oak Lawn Cem

Date June 30, 1906

Undertaker Jos. B. Cook

Address 1003 W. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 91222 Registered No. B .....

29

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Sanders

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum.

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Color

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. [illegible] Holyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 6/29 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 27 1906 that I last saw h[illegible] alive on June 27 1906, and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Peritonitis

..... (DURATION) ..... DAYS

Contributory (Primary.) Hypostatic Pneumonia, ... (DURATION) ..... DAYS

(Signed) W. McKenzie Lee M.D.

Address Bay View Asylum

Date June 28 1906.

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date JUN 29 1906 190....

Undertaker William H. Wooden

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

181

Ward 9 — 91223 — Registered No. B 91223

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Fifth Ave. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Fisher

{Residence, if in Baltimore, Give Street and Number.} 503 Fifth Ave Hampden

Duration of Residence in Baltimore. 61 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 20th 1828

AGE: 77 years, 9 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): York Co. Pa.

FULL NAME OF FATHER: Christian Fisher

BIRTHPLACE OF FATHER (State or country): York Co. Pa.

MAIDEN NAME OF MOTHER: Elizabeth Williams

BIRTHPLACE OF MOTHER (State or country): York Co. Pa

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Fisher

(Address) 503 Fifth Ave.

Filed 6/29 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 18th 1906 to June 28th 1906 that I last saw h[illegible] alive on June 24th 1906, and that death occurred, on the date stated above, at 12.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3 hours ~~DAYS~~

Contributory (Primary.)

Chronic gastritis (DURATION) 6 weeks ~~DAYS~~

(Signed) Geo. T. Shower M.D.

Address 4231 Roland Ave.

Date June 29th 1906

Place of Burial St. Marys Hampden

Date June 30— 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of [illegible]

Ward 3 — 91224 — Registered No. B 91224

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catarina Cirelli

{Residence, if in Baltimore, Give Street and Number.} 502 Pratt

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: June 26 1903

AGE: 3 years, [illegible] months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Cesare Cirelli

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Cirelli

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Cirelli

(Address) 502 Pratt St

Filed June 30 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 29 1906

that I last saw h[illegible] alive on June 29 1906

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 36 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 Stanton

Date June 29 1906

Place of Burial St Vincent

Date June 1906

Undertaker Wendell Peppel & Co

Address 330 & 332 Bond St

Funeral 9 a.m. June 30.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7K

91225

Registered No. B 91225

156

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 E. Fort Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles P. Weber

{ Residence, if in Baltimore, Give Street and Number. } 1522 E. Fort Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17. 1875

AGE: 31 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Weber

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherine Schuchmann

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Pharmacist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Weber Father

(Address) 239 S Caroline St

Filed 6/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by inhaling illuminating gas.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dr. M. Eisenhardt M.D.

Address Coroner

Date June 29 1906.

Place of Burial London Park

Date July 1st 1906

Undertaker Wm Cook

Address 502 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

91226 Registered No. B 91226

CERTIFICATE OF DEATH.

79

(Place of Death.) No. St. Josphs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wunner

{Residence, if in Baltimore, Give Street and Number.} 1834 Hope St.

Duration of Residence in Baltimore. 19 yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: July 12 1878

AGE: 28 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John M Mahon

(Address) 1832 Hope St

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from June 23rd 1906 to June 29 1906

that I last saw h alive on June 29 1906,

and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) arterio - Sclerosis

Duration (DURATION) DAYS

(Signed) Elmer A Hoskins M.D.

Address St Josephs Hospital

Date June 29th 1906

Place of Burial Mt Olivet

Date July 1st 1906

Undertaker Wm Cook

Address 502 E. Northaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 91227 Registered No. B 91227

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1359 Stocton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertrion Anderson

{Residence, if in Baltimore, Give Street and Number.} 1359 Stocton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Jan. 14th 1901

AGE: — years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dave Anderson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Beatrice Jones

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances E. Jones

(Address) 1359 Stocton St.

Filed 6/30 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lex. av. Corner

Date June 29th 1906

Place of Burial Ct [redacted] Cemetery

Date June 30 1906

Undertaker Wm J. Johnson

Address 1400 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 91228 — Registered No. [illegible] — 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 N. Frank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Lee 91228

{Residence, if in Baltimore, Give Street and Number.} 804 N. Frank

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Walker

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Louisa Poston

BIRTHPLACE OF MOTHER (State or country): Annapolis Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alonzo Yates

(Address) 1026 Argyle Ave

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 27 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 2.45 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Rupture of blood vessel in brain, causing Paralysis.

(DURATION) 30 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) J. D. Lehtart (Coroner) M.D.

Address 211 W. Lanvale

Date Jan 27th 1906

Place of Burial Laurel

Date June 30 1906

Undertaker R. F. Elliott

Address 506 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 91229

91229

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Foot of William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jesse P. Bennett.

{Residence, if in Baltimore, Give Street and Number.} 114 E. Hill St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 15 1890

AGE: 16 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jacob Bennett.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Catherine Wagner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bennett (brother)

(Address) 114 E. Hill St

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date June 28 1906

Place of Burial Cedar Hill Cem-

Date June 30- 1906

Undertaker M. Doyle - Son -

Address 17 E Lee St -

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 91230 — Registered No. B 151

CERTIFICATE OF. DEATH.

(Place of Death.) No. 1431 Luzerne St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of

Full Name May Minnick

{Residence, if in Baltimore, Give Street and Number.} 1431 Luzerne St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 28 1906

AGE 1 Minute

0 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 1431 Luzerne St

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER May Minnick

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Minnick

(Address) 1431 Luzerne St

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 28 1906

that I last saw h[illegible] alive on June 28 1906,

and that death occurred, on the date stated above, at 1130 P. M. CAUSE OF DEATH (Secondary or Immediate

Immature

Child only lived a minute or so after birth

1 month fortn (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. J. Powers M.D.

Address 2571 E Preston

Date June 29 1906

Place of Burial Schwartz Germ.

Date June 30 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91231 — Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1203 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Hesse

{Residence, if in Baltimore, Give Street and Number.} 1203 Leadenhall to

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 28 1
AGE	54 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P Hesse Dom't

(Address) 1203 Lydia St

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to June 28 1906 that I last saw h[er] alive on June 28 1906, and that death occurred, on the date stated above, at ... P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright Disease

1 Month (DURATION) ... DAYS

Contributory (Primary.) Chronic Cons

(DURATION) ... DAYS

(Signed) [illegible] M.D.

Address 837 Lydia St

Date June 29 1906

Place of Burial Cedar Hill

Date June 30 1906

Undertaker C Wade

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 91232 Registered No. B 91[illegible]

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert W. Thompson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 29 1905
AGE	..... years, 6 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Albert Thompson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Lillian Robertson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Thompson

(Address) 207 Jefferson St.

Filed 6/30 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to June 29 1906 that I last saw h[illegible] alive on June 28 1906, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 7 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 7 DAYS

(Signed) E. H. Holbrook M.D.

Address 728 N. Carey St.

Date June 30. 1906

Place of Burial [illegible] Cem.

Date June 30 1906

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

9123 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1937 Franklin St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard W Sterling 9123

{Residence, if in Baltimore, Give Street and Number.} 1937 Franklin St

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 6 1906

AGE ..... years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Percy B. Sterling

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Estelle Dougherty

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy B. Sterling

(Address) 1937 W Franklin

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 26th 1906 to June 28th 1906 that I last saw h him alive on June 28th 1906, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward L. Mortimer M.D.

Address 125 N Fulton Ave

Date June 29th 1906

Place of Burial Dallas Wharf Va

Date July 7th 1906

Undertaker W Tuckwood & Son

Address Camden Yards

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91234 — Registered No. B 91384

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Jud. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Chas Davis.

{Residence, if in Baltimore, Give Street and Number.} 813 Butlers alley, Balt.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: .....1.....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Montgomery co. Md

FULL NAME OF FATHER: Not. Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Davis

(Address) 813 Butlers alley

Filed 6/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29, 1906

I HEREBY CERTIFY, That I attended deceased from May 29, 1906 to June 29 1906 that I last saw him alive on June 29 1906, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights Disease

(DURATION) ? DAYS

Contributory (Primary.) Cardiac failure

(DURATION) — DAYS

(Signed) E. E. Langley M.D.

Address Jud. Gen. Hospital

Date June 29 1906

Place of Burial J. H. Lubizen Laurel Cemetery

Date July 2 cc 1906

Undertaker E L Bruce & Son

Address 108 W. Mt. St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

Registered No. B 91235

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 722 Hanover Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irvin S. Henry

{Residence, if in Baltimore, Give Street and Number.} 722 Hanover Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR W

DATE OF BIRTH October 16 1908

AGE ..... years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Henry

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Grace W Cornish

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Henry

(Address) 722 Hanover St

Filed 6/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from June 8th 1906 to June 28 1906

that I last saw him alive on June 28 1906

and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 1 Month (DURATION) DAYS

Contributory (Primary.) Stomach

about 3 Months (DURATION) DAYS

(Signed) C. R. Turner M.D.

Address #4145 Stanford

Date June 29th 1906

Place of Burial Laurel Cemetery

Date July 1st. 1906

Undertaker G L Brown & Son

Address 108 W Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91236

City of Baltimore, (No. 1805, N Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Newton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 8 (Day) 1839 (Year)

AGE: 66 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: Edward Thomas

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Catherine Hewitt

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E Newton

(Address) 1805-N Broadway

Filed 6/30 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ....19o.... to ....19o....

that I last saw h.... alive on ....19o....,

and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

I have attended Mrs Newton for Heart Disease at intervals for 5 yrs or more. She died in this attack before I reached her. I saw her body about 15 minute after death.

.... (DURATION) .... DAYS

Contributory ....

Heart Disease .... (DURATION) .... DAYS

(Signed) Wm J. Watson M. D.

June 28 1906 (Address) 5 N Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .... How long at Place of Death? .... Days

Where was disease contracted, if not at place of death? ....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 30 1906

UNDERTAKER: E M Mitchell — ADDRESS: 120 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96
A. D. S.

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91237

City of Baltimore, (No. 1068 Vine St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earl Riley Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Feby 10 (Mouth) (Day) 1906 (Year)

AGE ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Thomas Gray

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary Thomas

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Barbay

(Address) 1068 Vine st

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 22nd 1906 to June 28th 1906

that I last saw him alive on June 28th 1906,

and that death occurred, on the date stated above, at 8 p. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 5 DAYS

Contributory Heat

(DURATION) 5 DAYS

(Signed) C. W. Barker M. D.

190 (Address) 1116 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	June 30 1906
UNDERTAKER	**ADDRESS**
John H Owen & Son	1222 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91238

City of Baltimore, (No. 1175 Bowen St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Kamm

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 30 1853 (Month) (Day) (Year)
AGE	53 years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Kamm
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbia Ave

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to June 30 1906 that I last saw h[e] alive on June 30 1906, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 15 DAYS

Contributory Unknown (DURATION) 1 DAYS

(Signed) E. Dulany [illegible] M. D.

June 30 1906 (Address) 517 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	July 2 1906
UNDERTAKER	ADDRESS
A Knell & Son	917 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 91239 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Mason Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Johnson

{Residence, if in Baltimore, Give Street and Number.} 934 Mason Alley

Duration of Residence in Baltimore. 16 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: June 13, 1906

AGE: ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Richard Johnson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amanda Johnson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Johnson

(Address) 934 Mason Alley.

Filed 6/30 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1906

I HEREBY CERTIFY, That I attended deceased from June 27, 1906 to June 29, 1906 that I last saw her alive on June 29 1906, and that death occurred, on the date stated above, at 3:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) — DAYS

(Signed) C. E. Langley, M.D.

Address 1411 Eutaw Place

Date June 30, 1906

Place of Burial Laurel Cemetery

Date June 30 1906

Undertaker John W. Henderson

Address 31 N. Caroline st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 91240 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kashuck Wade

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. L.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mul.

DATE OF BIRTH: April 24 1906

AGE: — years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unk

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Unk

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from April 30 1906 to June 29 1906 that I last saw h[im] alive on June 28 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate) Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date June 29 1906

Place of Burial COLLEGE OF P. & S.

Date JUN 30 1906 1906

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward U 91241 Registered No. B 10[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Heard

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. D.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Blk
DATE OF BIRTH: April 6 1906	
AGE: — years, 2 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: [illegible]	
BIRTHPLACE OF FATHER (State or country): [illegible]	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from May 6 1906 to June 29 1906 that I last saw h er alive on June 28 1906 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 10 DAYS

Contributory (Primary.) [illegible]

(DURATION) 60 DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date June 29 1906

Place of Burial COLLEGE OF P. & S

Date JUN 30 1906 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18

Ward 7 — 91242 — Registered No. B 46

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Jennie D Hinkle

{Residence, if in Baltimore, Give Street and Number.} 826 N. Chapel St.

Duration of Residence in Baltimore. 34 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 10, 1871

AGE 34 years, 8 months, 18 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Daniel Rhinehart

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Anna E. Johnston

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Hinkle

(Address) 826 N. Chapel

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28, 1906

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to June 28, 1906 that I last saw her alive on June 28 1906, and that death occurred, on the date stated above, at 11-20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pelvic tumor.

(DURATION) 2 years DAYS

Contributory (Primary.) Peritonitis.

(DURATION) 3 DAYS

(Signed) C. E. Langley M.D.

Address 2nd. Gen. Hosp.

Date June 28 1906

Place of Burial Oak Lawn Cmty

Date July 1 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91243

City of Baltimore, (No. 889, Lemon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Sobinsky.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Nov 11 (Month) 1861 (Day) (Year)
AGE	44 years, 7 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sobinsky

(Address) 889 Lemon St.

Filed 6/30 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May. 1. 1906 to June 28 1906 that I last saw her alive on June 28 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Uremia.

(DURATION) 3. DAYS

Contributory Chronic Brights (DURATION) DAYS

(Signed) Albert D Bradle M. D.

190 (Address) 265 Poppleton.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Paul. Gen Luth Cem	July 1 1906
UNDERTAKER	ADDRESS
Mrs Andrew Rohde Co	930 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 91244 — Registered No. B 91244

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 W. Lexington St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Ackabang

{ Residence, if in Baltimore, Give Street and Number. } 746 W. Lexington St.

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	unknown 1
AGE	68 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Voight

(Address) 746 W. Lexington St

Filed 6/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to June 29 1906

that I last saw him alive on June 26 1906,

and that death occurred, on the date stated above, at 12 45 a M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) about 3 weeks DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) G. Labosh Ewalth M.D.

Address 703 N. Gilmor St

Date June 30 1906

Place of Burial Baltimore Cemetery

Date July 1 1906

Undertaker Mrs Andrew Rohde

Address 736 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91245

City of Baltimore, (No. 801, China St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Herrick E. K. Wockenfuss

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: August (Month) 14 (Day) 1905 (Year)

AGE: ~~0~~ years, 10 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Paul F. Wockenfuss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hedwig Winterowski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: (blank)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Wockenfuss

(Address) 801 China St

Filed 6/30/06 BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 29 1906 that I last saw him alive on June 29 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Dentitio convulsions

(DURATION) 3 DAYS

Contributory (DURATION) DAYS

(Signed) John Vanalli M. D.

June 30 1906 (Address) 19 S. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Paul's Ger Luth Cem — DATE OF BURIAL: July 1 1906

UNDERTAKER: Mrs Andrew Rohde & Son — ADDRESS: 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

91246 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 852 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Helenski

{Residence, if in Baltimore, Give Street and Number.} 852 S. Bond

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH

AGE: 1 year, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jos Helenski.

BIRTHPLACE OF FATHER (State or country): Austria.

MAIDEN NAME OF MOTHER: Julia Johns.

BIRTHPLACE OF MOTHER (State or country): Austria.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Helenski.

(Address) 852 S. Bond St.

Filed 6/30 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 4 1906 to June 29 1906

that I last saw him alive on June 4 1906,

and that death occurred, on the date stated above, at 5-

M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Contributory (Primary.) — (DURATION) One DAYS

(DURATION) DAYS

(Signed) H. G. Rinde M.D.

Address 2000 E. Balt. St

Date June 4 1906

Place of Burial St Stanislaus.

Date Saturday June 30 1906

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH. 91247

(Place of Death.) No. 916 Leadenhall Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah L. Campshire

{ Residence, if in Baltimore, Give Street and Number. } 916 Leadenhall Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 1841

AGE 66 + years, 2 months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Perry Reed

BIRTHPLACE OF FATHER (State or country) Md Cockeysville

MAIDEN NAME OF MOTHER Rachel Langley

BIRTHPLACE OF MOTHER (State or country) York Pa

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Campshire

(Address) 916 Leadenhall st

Filed 6/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from April 1 1906 to June 27 1906

that I last saw h alive on June 27 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or immediate)

Gastritis

(DURATION) About 3 days

Contributory (Primary) Carcinoma

(DURATION) About 3 days

(Signed) D. H. Finlay M.D.

Address #1725 Eastern Ave

Date June 30 1906

Place of Burial Mount Auburn

Date July 1 1906

Undertaker S. H. Chase

Address 1011 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91248

Registered No. B

City of Baltimore, (No. 1036, Druid Hill Av, 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucinda Kirk.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ~ (Month) ~ (Day) 1834 (Year)

AGE: 72 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Thomas Allen.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: unknown.

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hutton

(Address) 1036 Druid Hill Ave.

Filed 6/30/ 1906 J E A Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1906 to May 27 1906 that I last saw h[illegible] alive on May 27 1906, and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Aortic Regurgitation.
Senility.

X (DURATION) DAYS

Contributory Exhaustion

— (DURATION) — DAYS

(Signed) L. E. Linthicum M. D.

6/29 1906 (Address) 609 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn Cem. | DATE OF BURIAL: July 1st 1906

UNDERTAKER: Sam'l H. Chase | ADDRESS: 101 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

B 91249

91249

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1811 Pattenson Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Lillian Manner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 6 1906 (Month) (Day) (Year)

AGE: ..... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robt Manner

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma Nicolas

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Manner

(Address) 1811 N Pattenson Ave

Filed 6/30 190 6 J.E. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to June 30 1906

that I last saw her alive on June 30 1906,

and that death occurred, on the date stated above, at 8:45 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 1 1/2 DAYS

Contributory Heath

(DURATION) ..... DAYS

(Signed) E. J. Seldon M.D., M. D.

June 30 1906 (Address) 2252 E Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cemetery | DATE OF BURIAL: June 1 190 6

UNDERTAKER: Robt J Turner | ADDRESS: Bway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 91250

Registered No. B

City of Baltimore, (No. 658 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Karman Naylas

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: March (Month) 30 (Day) 1906 (Year)

AGE: ____ years, 3 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Henry Naylor

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Elizabeth Shultz.

BIRTHPLACE OF MOTHER (State or country): Westminster Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Naylor

(Address) 658 W Fayette St

Filed June 3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1906 to June 29 1906 that I last saw him alive on June 28 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Entrocalitis

(DURATION) 7 DAYS

Contributory Marasmus due to improper food (DURATION) 30 DAYS

(Signed) T. Vanvalkenburg M. D.

June 30 1906 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: June 30 1906

UNDERTAKER: W M Routzon — ADDRESS: 230 N Green

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

28

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Katie Bates 91251

{ Residence, if in Baltimore, Give Street and Number. } 838 W. Lexington St.

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Feb 6 1868

AGE: 38 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Andrew Bates

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Eck

BIRTHPLACE OF MOTHER (State or country): Gmany

OCCUPATION OF DECEASED: Tailoress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Bates

(Address) 838 W Lexington St.

Filed June 30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from April 24 1906 to June 29 1906 that I last saw h er alive on June 29 1906 and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C Irwin M.D.

Address St Josephs Hospital

Date June 29/06 1906

Place of Burial Holly Redeemer

Date Jul 2 1906

Undertaker J. M Rorton

Address 230 N Green St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Baroch 91252

{Residence, if in Baltimore, Give Street and Number.} 1613 Barnes st

Duration of Residence in Baltimore. 3 4yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Matey Baroch

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER C

BIRTHPLACE OF MOTHER (State or country) C

OCCUPATION OF DECEASED Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Baroch

(Address) 1613 Barnes St

Filed June 30 1906 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 29 1906

that I last saw h[illegible] alive on June 28 1906

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy. Exhaustion

(DURATION) 4 hrs DAYS

Contributory (Primary.) Dilatation of heart following Mitral disease (DURATION) about 1 year DAYS

(Signed) Chas. B. Layton M.D.

Address 830 N Broadway

Date June 29 1906

Place of Burial Holy Redeemer

Date May 1 1906

Undertaker Frank Loesch

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 3222 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Alexander Robinson

{Residence, if in Baltimore, Give Street and Number.} 3222 Barclay St

Duration of Residence in Baltimore. Life-time

92

91253

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thornton Robinson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie R Henson

BIRTHPLACE OF MOTHER (State or country): Washington D C.

OCCUPATION OF DECEASED: School-boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thornton Robinson

(Address) 3222 Barclay st.

Filed June 30 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from May 26 1906 to June 28 1906

that I last saw him alive on June 28 1906.

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schnell M.D.

Address 424 E. Eager 23 st

Date June 29 1906

Place of Burial Laurel Cemetery

Date July 1st 1906

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 529 W. West St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Galena Brown

{Residence, if in Baltimore, Give Street and Number.} 529 West St. N.

Duration of Residence in Baltimore. Life 91254

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Magie Brown

BIRTHPLACE OF MOTHER (State or country) Bal Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magie Brown

(Address) 529 N West st

Filed June 30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 28 1906 that I last saw h[illegible] alive on June 28 1906, and that death occurred, on the date stated above, at 10.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Probably several Days (DURATION) DAYS

Contributory (Primary) said to have had Whooping Cough (DURATION) 2 4 DAYS

(Signed) C. Tuckerman M.D.

Address 504 S Paca St

Date June 30th 1906

Place of Burial Mt Auburn Cemetery

Date June 30 1906

Undertaker George H Hooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 91255 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vinct Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Lynwood

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

91255

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH May 19, 1906

AGE ..... years, 1 month, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed June 30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to June 29 1906

that I last saw him alive on June 28 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) — DAYS

(Signed) E H Hayward, M.D.

Address 1230 N Caroline

Date 6 — 29 1906

Place of Burial New Cathedral

Date June 30 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91256

City of Baltimore, (No. 128 N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Feiken

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 4 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Bernard Feiken

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Wevel Baidenberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Feiken

(Address) 128 N. Eutaw st

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 1905 to June 29 1906 that I last saw her alive on June 29 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Acute haemodynamotoxic nephritis becoming chronic.

10 months (DURATION) DAYS

Contributory Exhaustion Uraemia

(DURATION) 1 DAYS

(Signed) Daniel R. Brietz M. D.

June 30 1906 (Address) 1126 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Interlighted Rosedale — DATE OF BURIAL: June 30 1906

UNDERTAKER: May Levinson — ADDRESS: 1138 Lov st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 91257 Registered No. B 91257

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1359 Stocton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Phillipps

{Residence, if in Baltimore, Give Street and Number.} 1359 Stocton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: June 13th 1906

AGE: ..... years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos. Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Bessie Phillipps

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Farmer

(Address) 185 Stocton St

Filed June 30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased fro ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 700 Lafayette Ave

Date June 30th 1906

Place of Burial Mt Olivet

Date June 30 1906

Undertaker Wm. J. Johnson

Address 1400 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91258

City of Baltimore, (No. 1816, Towson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen Huthl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 3 1905
(Month) (Day) (Year)

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Huthl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Wirth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Huthl

(Address) .....

Filed

..... 190 .....

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 25th June 1906 to 30th June 1906

that I last saw him alive on 29th June 1906.

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Colon enteritis

(DURATION) 70 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) James Lopon M. D.

30 June 1906 (Address) 4322 Hall St

(SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross. DATE OF BURIAL: July 2nd 1906

UNDERTAKER: Jos. Stanton & Co. ADDRESS: 1618 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 91259 — Registered No.

CERTIFICATE OF DEATH.

(51)

(Place of Death.) No. 704 St Peter St

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Unnamed Infant of Frank F. Kornmann

{Residence, if in Baltimore, Give Street and Number.} 704 St Peter St to Minnie R. Kornmann

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	June 26 1906
AGE	..... years, ... months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sing[le]
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Frank F Kornmann
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie R Stein
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kornman

(Address) 704 St Peter St

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

91259

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from an Expose 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition, due to prematurity

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) F Martin M.D.

Address 612

Date June 30 1906

Place of Burial Holy Cross. Balto.

Date July 30 1906

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91260

City of Baltimore, (No. 650 W. Fayette St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Stimmel

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 15 1905 (Month) (Day) (Year)
AGE	— years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John H Stimmel
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Lucy Stimmel
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Stimmel

(Address) 650 W. Fayette

Filed June 30 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 30 1906

that I last saw him alive on June 29 1906,

and that death occurred, on the date stated above, at 4 X M. The CAUSE OF DEATH was as follows:

Entero-colitis

(DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) John Fraser M. D.

June 30 1906 (Address) 1407 N. Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 1 1906
UNDERTAKER	**ADDRESS**
Wilkinson & Shaw	1162 Eutaw

63

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91261

City of Baltimore, (No. 1139 E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leah Platter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October (Month) 15 (Day) 1897 (Year)

AGE 8 years, 8 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Platter

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Sarah Staub

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Platter (Brother)

(Address) 1139 E. Lombard

Filed June 30 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to June 29 1906

that I last saw h[illegible] alive on June 26 1906,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Myelitis

(DURATION) 8 months DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) William France M. D.

6/30 1906 (Address) 1407 N Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Lot of Benj. Phila Road

DATE OF BURIAL July 1 1906

UNDERTAKER David Lenheim

ADDRESS 917 Madison Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1028. Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas F. Mitchell

{Residence, if in Baltimore, Give Street and Number.} 1028. Cathedral St

Duration of Residence in Baltimore. 30 years 91262

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 15th 1850

AGE 56 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Phila Pa

FULL NAME OF FATHER Saml Mitchell

BIRTHPLACE OF FATHER (State or country) Phila Pa

MAIDEN NAME OF MOTHER Mary Schilfroth

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. M. Watts

(Address) 1431 Mt Royal Ave

Filed June 30 1906

[HARRY O. ANDREWS, PERMIT CLERK.]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to June 29 1906

that I last saw h[illegible] alive on June 29 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer and Hemorrhage

2 Mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno O Watts M.D.

Address 1614 W Lafayette

Date June 29th 06 1906

Place of Burial Philadelphia Pa

Date June 1st 1906

Undertaker G. F. Waesche

Address 723 W Laf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward .....

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1517. Patterson Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Schapiro 91263

{Residence, if in Baltimore, Give Street and Number.} 1517. Patterson Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 4th 1898

AGE 7 years, 6 months, 25 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Aaron Schapiro

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dora Lufen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron Schapiro

(Address) 1517. Patterson Ave

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday June 29th 1906

I HEREBY CERTIFY, That I attended deceased from June 25th 1906 to June 29 1906

that I last saw her alive on June 29th 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis of throat something

from Diphtheria which she had

in March

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) M.D.

Address 407. N. Charles St

Date June 30th 1906

Place of Burial Baltimore Pet Rose Dale

Date June 1, 1906

Undertaker Mary Levinson

Address 113 Y Lombard

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person **and date of death.**

Ward ..... Registered No. 91264

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 420 Penn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta White

{ Residence, if in Baltimore, Give Street and Number. } 420 Penn St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH February 27 1902

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas White

BIRTHPLACE OF FATHER (State or country): ~~Maryland~~ Md

MAIDEN NAME OF MOTHER: Mabel Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel White

(Address) 420 Penn St

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Hamilton

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Julian Baldwin M.D.

Address 700 Log. Av. (Corner)

Date June 30th 1906

Place of Burial Mt Auburn Cem

Date July 1st 1906

Undertaker Alex Hamsley

Address 578 W Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91265 — Registered No. 8 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 Ramsay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name August C B Freund

{Residence, if in Baltimore, Give Street and Number.} 748 Ramsay to

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 29 1905

AGE: One years, One months, One days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Aug L. Freund

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lottie Meier

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Lemmerman

(Address) 647 W Pratt St

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 30 1906

that I last saw h[e] alive on June 29 1906

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Con'ributory (Primary.)

Shock

(DURATION) 1 DAY

(Signed) Edw Gerwig M.D.

Address 517 Lemmon St

Date June 30 1906

Place of Burial Western Cemetery

Date July 1st 1906

Undertaker Geo Lemmerman Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

Registered 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 S. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leray H. Staecker

{ Residence, if in Baltimore, Give Street and Number. } 12 S. Carrollton Ave -

Duration of Residence in Baltimore. Life time 91266

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Augustus Staecker

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Lizzie Staecker

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 W. Fayette

Filed July 1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to June 30 1906

that I last saw him alive on June 29 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Henry C. Able M.D.

Address 1203 W. Fayette St

Date June 30 1906

Place of Burial Loudon Park

Date July 2nd 1906

Undertaker John D Fields

Address 1200 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 Belt Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Viessman

{ Residence, if in Baltimore, Give Street and Number. } 1506. Belt Ave.

Duration of Residence in Baltimore. 58 years. 91267

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White widowed

DATE OF BIRTH: July 29 1832

AGE: 73 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Viessmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas Bortner

(Address) 1506 Belt ave

Filed July 1 1906

Registrar

Accidental Death No Inquest Deemed necessary Chas W Heise Coroner

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 28 1906 that I last saw him alive on June 28 1906 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or immediate)

Had fell down a cellar which caused a fracture of right leg and a lacerated wound over forehead

Contributory (Primary.) Senile Pneumonia (DURATION) 2 DAYS

developed June 27th (DURATION) 1½ DAYS causing death

(Signed) Dr. Heddrick M.D.

Address 2151. Wilkens Ave

Date June 29th 1906

Place of Burial Trinity Cemty

Date July 1 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91268

City of Baltimore, (No. 1522 N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna May Bley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Oct (Month) 30th (Day) 1905 (Year)

AGE: — years, 9 months, — days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John H Bley.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John H Bley

(Address) 1522 N Carey St

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ June 30 1906 to 190

that I last saw h[er] alive on June 30 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Infantile Convulsions

(DURATION) 1 DAYS

Contributory Duration

(DURATION) DAYS

(Signed) J. W. C. Cuddy. M. D.

June 30 1906 (Address) 506 N. Carroll

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: July 2 1906.

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B 91269

City of Baltimore, (No. 423, Dr. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta Siemann

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Feb 7 1843
AGE	63 years, 5 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Wm. Siemann
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Box-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kirkwood

(Address) 125 E. Lanvale

Filed July 1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to June 30 1906 that I last saw h alive on June 30 1906, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Bronchitis (DURATION) 5 DAYS

Contributory Heart failure (DURATION) 1 DAYS

(Signed) Harry Boyd M. D.

June 30 1906 (Address) 622 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem	July 3 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91270

City of Baltimore, (No 1444, Ward St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Ma | COLOR: Colord

DATE OF BIRTH: June (Month) 29 (Day) 1906 (Year)

AGE: 1 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Augustus Riley

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rachael Oliver

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Riley

(Address) 1444 Ward st

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to June 28 1906

that I last saw him alive on June 1906,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Infantile Diarrhoea

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) L R Davis M. D.

June 29 1906 (Address) 923 N Carrollst

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Ant Burial Cemetery — DATE OF BURIAL: July 1 1906

UNDERTAKER: Geo R H Hooper — ADDRESS: 629 Fillmore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 91271

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 806 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Theo. Gross

{ Residence, if in Baltimore, Give Street and Number. } Balto City 806 Columbia Ave

Duration of Residence in Baltimore. Lifetime 91271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 16th 1906

AGE: 0 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo. H. Gross.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Marie E. Alheit

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Gross.

(Address) 806 Columbia Ave

Filed Jul 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to June 30 1906 that I last saw him alive on June 30 1906, and that death occurred, on the date stated above, at 2 (3) P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Infantum

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Edw. Greenfield M.D.

Address 517 Lanvale St.

Date Balto Md June 30th 1906

Place of Burial Loudon Park

Date July 1st 1906

Undertaker Philip Deerwester Sons

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91272 Registered No. B 91272

CERTIFICATE OF DEATH.

(Place of Death.) No. 911 Jordan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Stupley

{ Residence, if in Baltimore, Give Street and Number. } 911 Jordan alley

Duration of Residence in Baltimore. Eighteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Perry Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Watkins

(Address) 557 W. Pratt

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease supposed to be caused by heart disease (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Julian Blackwell M.D.

Address 707 Dog. Av. (Corner)

Date June 30 th 1906

Place of Burial Laurel Cemetery

Date July 1 1906

Undertaker R. K. Elliott

Address 546 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

164

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Booker

{Residence, if in Baltimore, Give Street and Number.} 307 S. Parish St.

Duration of Residence in Baltimore. Life

91223

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 23 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph F Booker

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Clara Begler

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F Booker

(Address) 307 S Parish St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1906

I HEREBY CERTIFY, That I attended deceased from As known 190 to 190

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull & Concussion of the brain, due to accidentally falling down an elevator shaft at Hatteras Light, Chesapeake & Pamlico Sts Jan 28th 06.

(DURATION) — DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Gilbert M.D.

Address 711 W. Lanvale

Date Jan 29th 1906

Place of Burial New Cathedral

Date July 2nd 1906

Undertaker John H Cowan

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 91274 — Registered No. B 91274

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Guinn Falls St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Ennis

{Residence, if in Baltimore, Give Street and Number.} 1029 Carlton St

Duration of Residence in Baltimore. Nineteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Feby. 16th 1884

AGE: 20 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Jno Thos. Ennis

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Nancy Quinn

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mame Davis

(Address) 1010 Woodyear St.

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) accidentally drowning, while bathing at "Jabez Rock" in Gwynns Falls.

..... (DURATION) ..... DAYS

Contributory (Primary.) accident

..... (DURATION) ..... DAYS

(Signed) Wm Boardman M.D.

Address Two Lof. Av. Gwynn

Date June 30th 1906

Place of Burial St. Peters Cemetery

Date July 1st 1906

Undertaker N. S. Sink

Address 2113 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91275

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James A. Gray

{Residence, if in Baltimore, Give Street and Number.} 1217 Druid Hill Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: col

DATE OF BIRTH: June 21 1906

AGE: ~~96 years~~ 15 months ~~6~~ 10 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Gray

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nannie Timmons

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Ave

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to June 30 1906 that I last saw h~~im~~ alive on June 30 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera-Infantum

Four days (DURATION) — DAYS

Contributory (Primary) Improper diet (DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1327 Druid Hill Ave

Date June 30 1906

Place of Burial Catonsville

Date July 1st 1906

Undertaker J. A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91276

64

CERTIFICATE OF DEATH.

(Place of Death.) No. THE CHURCH HOME & INFIRMARY. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine T. Sharp (Sharp)

{ Residence, if in Baltimore, Give Street and Number. } (1536 W. Lafayette Ave)

Duration of Residence in Baltimore. 66 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1836

AGE about 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Thomas Hemsley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Sheridan

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Sharp

(Address) Camden & Poca Sts

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from April 26 1906 to July 1 1906

that I last saw her alive on July 1 1906.

and that death occurred, on the date stated above, at 3:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 18 Hours DAYS

Contributory (Primary.) Senile Atrophy

Coma (DURATION) DAYS

(Signed) W. E. Wann M.D.

Address THE CHURCH HOME & INFIRMARY.

Date July 1st 1906

Place of Burial Millville N.J.

Date July 1 1906

Undertaker Wm J Tuckniss & Son

Address Camden & Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 91277 — Registered No. B 91277

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 2231 E Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hess

{Residence, if in Baltimore, Give Street and Number.} 2231 E. Biddle St

Duration of Residence in Baltimore. 18 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: John Hess

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Julia A. Messersmith

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Interlocks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Hess

(Address) 2231 E. Biddle St

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Pistol

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Joseph Carruthers M.D.

Address 1200 Druid

Date June 30 1906

Place of Burial St. Mary's Cemetery (Hamden)

Date July 2nd 1906

Undertaker Henry Hooke Son

Address 130 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 950 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth McKenna

{Residence, if in Baltimore, Give Street and Number.} 950 Harford Ave

Duration of Residence in Baltimore. Life 91278

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29th 1905

AGE ..... years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Bernard McKenna

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Mamie Dorsey

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 950 Harford Ave.

Filed July 1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from As born 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis, Sick 3 days. Dr Haythorn Saw once.

(DURATION) DAYS

Contributory (Primary.) Bottle Fed baby.

(DURATION) DAYS

(Signed) J. D. Heythorn M.D.

Address 211 W. Lanvale

Date June 30th 1906

Place of Burial St. Vincents Cemetery

Date July 2nd 1906

Undertaker Henry Hoeke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 91279 Registered No. B 91279

169

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas Brown

{Residence, if in Baltimore, Give Street and Number.} 37 N. Bruce

Duration of Residence in Baltimore. 7 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: G. T.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Matilda Adams

BIRTHPLACE OF MOTHER (State or country): Louisana

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Excelsior Brown

(Address) 37 N. Bruce St

Filed July 1 1906

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from ~~June 19~~ June 30 1906 to July 1 1906

that I last saw him alive on June 30 1906

and that death occurred, on the date stated above, at 5:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heat Exhaustion

(DURATION) DAYS

Contributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) Thos Jones M.D.
Coroners

Address 7/1 1906

Date

Place of Burial St. Peters Cemetery

Date July 2 1906

Undertaker Crowley Bros

Address 257 N. Fulton Ave 1500 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 91280

Registered No. B.....

City of Baltimore, (No. 2018, Boyd St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Elleanora Dorner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 13 (Day) 1906 (Year)

AGE: # years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. C. Dorner

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E. Eisenbach

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Dorner

(Address) 2018 Boyd St.

Filed July 1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28, 1906 to June 30, 1906

that I last saw her alive on June 30, 1906,

and that death occurred, on the date stated above, at 7:20 P. M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) E. A. Dickey, M. D.

June 30, 1906 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Md. Issues - Howard Co. | DATE OF BURIAL: July 2 1906

UNDERTAKER: E. M. Mitchell | ADDRESS: 120 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward ... Registered No. B ...

35

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N. Bethel St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Harry Kiss 9/2-81

{Residence, if in Baltimore, Give Street and Number.} 426 N. Bethel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — / 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Howard Kiss

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah Johnson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Kiss

(Address) 426 N Bethel

Filed July 1 1906

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from As Below 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scrofulous disease from birth; Tuberculous eruption all over it.

(DURATION) — DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Feldstein M.D.

Address 714 W. Lanvale Coroner

Date Jun 30 a 1906

Place of Burial Laurel

Date July 1 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B 91282

City of Baltimore, (No. 563 North Gay St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Goldman

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May (Month) 15 (Day) 1845 (Year)

AGE: 61 years, 1 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: M.

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Isaac Miller

BIRTHPLACE OF FATHER (State or country): russian poller

MAIDEN NAME OF MOTHER: Rachael Miller

BIRTHPLACE OF MOTHER (State or country): prussia poller

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Solomon Goldman

(Address) 563 North Gay St.

Filed July 1 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June. (Month) 30 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1906 to June 30 1906.

that I last saw h Er alive on June 30 1906.,

and that death occurred, on the date stated above, at 10 30 ~~A.M.~~ P.M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

Diabetes Gangrene of Rt. Foot

over 3 months (DURATION) DAYS

Contributory Diabetic Coma Brought on by Intense Heat (DURATION) 3 hours

(Signed) Alfred W. Litsenberg M. D.

July 1st 1906 (Address) 1215 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington road Lebanon	July 2 1906
UNDERTAKER	ADDRESS
Mort Levinson	1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 91283

169

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry M Paddy Henry M Paddy

{Residence, if in Baltimore, Give Street and Number.} 1130 Hanover

Duration of Residence in Baltimore. 2 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1876

AGE: 30 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: Josh Paddy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hester Dixon

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Paddy

(Address) 1130 Hanover st

Filed July 1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1" 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 1 1906

that I last saw h alive on June 30 1906.

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Excessive Heat

(DURATION) DAYS

Contributory (Primary.) Organic Heart disease (DURATION) DAYS

(Signed) H. Lee Beards M.D.

Address 1528 Clinton

Date July 2 1906

Place of Burial Owens Station Calvert Co.

Date July 2 1906

Undertaker Jos. St. Mahr & Sr

Address 818 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B 91284

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter Fisher

{Residence, if in Baltimore, Give Street and Number.} 1007 Chesapeake St

Duration of Residence in Baltimore. Life

91284

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

Informant M F. Sadowski.

(Address) 703 S. Ann St

Filed July 1 1906 HARRY C. ANDREE. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from June 29th 1906 to June 30 1906 that I last saw h im alive on June 30 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia (DURATION) 9 DAYS

Contributory (Primary.)

asthenia (DURATION) 1 DAYS

(Signed) M J McAvoy M.D.

Address 839 S. Caton Ave

Date July 1st 1906

Place of Burial St Stanislaus.

Date Monday July 2 1906

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91285

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie K Jamison

{ Residence, if in Baltimore, Give Street and Number. } Luray Va

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 1 1861

AGE: 45 years, 11 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: F. M. Ford

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Margt T. Tyler

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. N. Ford

(Address) Luray Va.

Filed July 2nd 06

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 1 1906

that I last saw her alive on July 1 1906

and that death occurred, on the date stated above, at 11 05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis following Suppuration Middle Ear

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Randolph M.D.

Address 816 Park Ave.

Date 7/1 1906

Place of Burial Luray Va

Date JUL 2 1906 190

Undertaker [illegible]

Address 211 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 91286

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 Mcell, av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Lewis

{Residence, if in Baltimore, Give Street and Number.} 104 N. Collington Ave.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Lawrence Lewis

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Lewis

(Address) 104 N. Collin

Filed July 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 — 1906

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to June 30 — 1906

that I last saw h — alive on June 29 1906,

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

& Cachexia (DURATION) 9 — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Murray M.D.

Address 1713 Bank St

Date July 1 — 1906

Place of Burial Baltimore Cemetery

Date July 2 1906

Undertaker Wendell Dippel & S

Address 320 S. Bond St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 — 91287 — Registered No. B 91287

104

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. Marshall

{Residence, if in Baltimore, Give Street and Number.} 117 S. Bond st.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr. 21" 1906

AGE: 1 years, 2 months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas F. Marshall

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Marshall

(Address) 117 S. Bond st.

Filed July 2 1906 — Registrar

Estate

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 1 1906

that I last saw h— alive on July 1 1906,

and that death occurred, on the date stated above, at A.M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Wolenheimer M.D.

Address 16 S Bradway

Date July 1 1906

Place of Burial Mt Carmel Cemetery

Date July 2 1906

Undertaker Wendell Dippel & Son

Address 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91288 Registered No. B 91288

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 654 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie V. Owens

{ Residence, if in Baltimore, Give Street and Number. } 654 W. Fayette st

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: white

DATE OF BIRTH: Nov. 1867 ~~1869~~

AGE: 38 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joshua Hobbs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sandrow

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Owens

(Address) 654 W Fayette st

Filed July 2nd 1906

MARY U. ANDREWS, PERMIT CLERK

Registrar

C.S.H.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Acute Duration ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Alex Boardman M.D.

Address Towson Md. (County)

Date July 1 1906

Place of Burial Mt Pleasant Cemetery

Date 7/2/06 Balto Co. 190

Undertaker Wm J. Dulany

Address 90 W Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91289

Registered No. B.....

City of Baltimore, (No. 2105 W Balto St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ursula M. Weber

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 4th 1818 (Month) (Day) (Year)

AGE: 87 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christoph Rost

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Dury.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Weber

(Address) 2105 W. Baltimore

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 13th 1906 to June 30 1906 that I last saw her alive on June 29 1906, and that death occurred, on the date stated above, at 6 M. The CAUSE OF DEATH was as follows:

Old Age (Senile.)

(DURATION) 17 DAYS

Contributory Heart Failure

(DURATION) ..... DAYS

(Signed) Augustus Hare M. D.

1906 (Address) 732 W Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: July 3rd 1906

UNDERTAKER: Jos. & Jos. John W. Leufel

ADDRESS: 604 S Sharp

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — 91290 — Registered No. B 91290

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Klaunder

{Residence, if in Baltimore, Give Street and Number.} 1420 Andre St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1900

AGE: 6 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Earl Klaunder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Dzewas

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: School-boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earl Klaunder

(Address) 1420 Andre st.

7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1906

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to June 29 1906 that I last saw h alive on June 29 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tumor of Brain

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Mc. Hurd M.D.

Address Johns Hopkins Hospital

Date June 30 1906

Place of Burial Cedar Hill

Date July 2 1906

Undertaker Jos. Stuntebeck

Address 818 Light str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91291

City of Baltimore, (No. 8 Belair ave — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Elizabeth Lind

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: October (Month) 25 (Day) 1905 (Year)

AGE: ..... years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Lind

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dora Mallon

BIRTHPLACE OF MOTHER (State or country): Balto -

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Mallon.

(Address) 4 Belair Road

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to July 1st 1906 that I last saw her alive on June 30 1906, and that death occurred, on the date stated above, at 3.20 A.M. The CAUSE OF DEATH was as follows:

Summer Diarrhoea

(DURATION) 15 DAYS

Contributory St family "lack of resistance" - two other babies dying of the same disease. (DURATION) ..... DAYS

(Signed) Wm F. Watson M. D.

July 1st 1906 (Address) 5 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 2nd 1906

UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH. 91292

Registered No. B.....

City of Baltimore, (No. 712, Tyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Champion Carter

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Charles H Carter

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Moore

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Carter

(Address) 712 Tyson St

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 17th 1906 to June 29th 1906 that I last saw h.im alive on June 29th 1906, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage and Hemiplegia - April 17th 06

.....(DURATION) ..... DAYS

Contributory Depression from excessive heat (DURATION) 2 DAYS

(Signed) Chas. J Keller M. D.

June 30th 1906 (Address) 522 Woodmont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 2 1906
UNDERTAKER	ADDRESS
R F Elliott	506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91293

City of Baltimore, (No. 1233, Hanselkis St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Rich

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negress

DATE OF BIRTH: June 7th. 1898 (Month) (Day) (Year)

AGE: 8 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William J. Rich

BIRTHPLACE OF FATHER (State or country): St Mary's Co. Md.

MAIDEN NAME OF MOTHER: Annie L. Barclay

BIRTHPLACE OF MOTHER (State or country): Rochester Co Eastern Shore Md

OCCUPATION OF DECEASED: Kil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie L. Rich

(Address) 1233 Hanselkis St.

Filed 7/1 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 24-6-1906 to 30-6-1906 that I last saw her alive on 29-6-1906, and that death occurred, on the date stated above, at 11.45 A. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(Duration and Remarks, Child taken sick some time before medical aid was secured) (DURATION) DAYS

Contributory Exhaustion

Several weeks (DURATION) DAYS

(Signed) E. Lee Brack M. D.

30-6-1906 (Address) 1418 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodberry Cemetery	July 2, 1906
UNDERTAKER	**ADDRESS**
R. S. Y. Elliott	506 Rogers

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91294

City of Baltimore, (No. 644 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Joseph Macke. Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Apr (Month) 1 (Day) 1906 (Year)	
AGE: — years, 3 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Joseph Macke.
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Emma Price
BIRTHPLACE OF MOTHER (State or country)	maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Price

(Address) 644 Bruce st

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ July 1 1906 to — 190..

that I last saw h im alive on July 1 1906,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Entero-colitis. —

(DURATION) 4 or 5 DAYS

Contributory Child born weak since birth. Heat (DURATION) DAYS

(Signed) M. B. Reid M. D.

July 1 1906 (Address) 608 N. Gilmor st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 2 1906
UNDERTAKER: R. A. Elliott	ADDRESS: 506 Hoffman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

91295 Registered No. B 9129[illegible]

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Jno. University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Owens

{Residence, if in Baltimore, Give Street and Number.} 534 Robert St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: ..... 1 .....

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing'l

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Owens

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Matilda Sylver

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Owens

(Address) 534 Robert St

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate)

Laceration of brain tissue due to a bullet shot in Lead murder.

..... (DURATION) Few hours DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address Corner

Date July 2 1906

Place of Burial Laurel Cemetery

Date July 2. 1906

Undertaker R A Milliatt

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 91296 — Registered No. B 91296

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 Vine St — (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James E. Deuch

{Residence, if in Baltimore, Give Street and Number.} 1022 Vine St

Duration of Residence in Baltimore. 21 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md Anne Arundel Co

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Lent

(Address) 1022 Vine St

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from ..... 1906 to 1906

that I last saw h ..... alive on 1906

and that death occurred, on the date stated above, at 1.30 a m.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Exhaustion

(DURATION) DAYS

Contributory (Primary.) Asthma, Organic Heart Disease (DURATION) DAYS

(Signed) C Irvin Jones Coroner's Phy M.D.

Address .....

Date July - 1906

Place of Burial Laurel

Date July 3 - 1906

Undertaker W H Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 91297

91297

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1303 Smiths Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Taylor

{Residence, if in Baltimore, Give Street and Number.} 1303 Smiths Alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 21 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Washington Taylor

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Malinda Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malinda Taylor

(Address) 1303 Smith alley

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-29 1906

I HEREBY CERTIFY, That I attended deceased from 5-20 1906 to 6-29 1906 that I last saw her alive on 6-29 1906 and that death occurred, on the date stated above, at 8-35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

Haemorhage of Lungs

(DURATION) 39 DAYS

Contributory (Primary.) Lungs

(DURATION) 39 DAYS

(Signed) G. W. Kennard M.D.

Address 708 Enson St

Date June 30 1906

Place of Burial Mt. Auburn

Date July 2 1906

Undertaker W. F. Ellicott

Address 502 Hayes ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91298

City of Baltimore, (No. 118, S Washington St.; 2 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William W. Dashields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 12 1838 (Month) (Day) (Year)

AGE: 66 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Levin Dashields

BIRTHPLACE OF FATHER (State or country): Somersett Co Md

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Brick Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Dashields

(Address) 118 S Washington

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to June 1906

that I last saw him alive on June 29th 1906,

and that death occurred, on the date stated above, at 8 30 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 4 months

Contributory ———

(DURATION) ——— DAYS

(Signed) C K Dunkle M. D.

July 1 1906 (Address) 1415 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 1906
UNDERTAKER	ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — 91299 — Registered No. B 91299

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1910 Park Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Reese.

{Residence, if in Baltimore, Give Street and Number.} 1910. Park. Avenue.

Duration of Residence in Baltimore. Seventy years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 19th 1834
AGE	72 years, 0 months, 11 days
~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Samuel Gilpin
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Rachel Glover
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William K. Barnett

(Address) 110 W. Lerman St. Balto.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to July 1st 1906 that I last saw h[er] alive on June 30 1906 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis

I do not know (DURATION) DAYS

Con'tributory (Primary) Arterio-Sclerosis

I do not know (DURATION) DAYS

(Signed) Thomas L. Shearer M.D.

Address 103 W. Franklin St

Date July 1st 1906

Place of Burial Friends' Burial Ground Harford Rd

Date July 2d 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

91300

Registered No. B

City of Baltimore, (No. 424 W. Barre St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard C. Norton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) – 18 (Day) 1845 (Year)

AGE: 61 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Path Norton

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margt Condon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Horse-Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Norton

(Address) 424 W. Barre do.

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1905 to June 30th 1906 that I last saw him alive on June 29th 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Chronic Diarrhoea, Chronic Bronchitis

Seven Months (DURATION) ——— DAYS

Contributory Chronic Intestinal Nephritis

Chronic Bronchitis (DURATION) 3 yrs DAYS

(Signed) Thos P. McDermott M. D.

June 30 1906 (Address) 1421 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: July 2 1906

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91301 Registered No. B 91301

105

CERTIFICATE OF DEATH.

(Place of Death.) No. #606 N.Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L.Horner

{ Residence, if in Baltimore, Give Street and Number. } #606 N.Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 15th 1905 1
AGE	years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Albert Horner
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Emma Goecke
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Horner

(Address) 606 N. Bond St.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 30th 1906

I HEREBY CERTIFY, That I attended deceased from June 22nd 1906 to June 30 1906 that I last saw h[illegible] alive on June 30 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gelatinous Sarcoma of Heart Pericardium

(DURATION) 9 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) D. Ridgeway Anderson M.D.

Address 2021 St Paul St

Date July 1 06 1906

Place of Burial Oak Lawn Cemetery

Date 7/2/06 190

Undertaker J.Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B 71302

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 N. Washington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena V. Parker

{Residence, if in Baltimore, Give Street and Number.} 206 N. Washington St.

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Winchester Va.

FULL NAME OF FATHER: John Collins

BIRTHPLACE OF FATHER (State or country): Winchester Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H. Parker

(Address) 206 N. Washington

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1906

I HEREBY CERTIFY, That I attended deceased from May 10 1906 to June 30 1906 that I last saw her alive on June 30 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 51 DAYS

Contributory (Primary.) Heart-Apoplexy & Exhaustion (DURATION) ... DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 E. Lanvale St

Date June 30 1906

Place of Burial Balto. Cem.

Date 7/2/06 1906

Undertaker Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — Registered No. B 91303

CERTIFICATE OF DEATH.

(Place of Death.) No. #1838 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Gimbel

{Residence, if in Baltimore, Give Street and Number.} #1838 N. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 27th 1905
AGE	1 year, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Peter Gimbel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna M. Boecking
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Gimbel Father

(Address) 1838 N. Collington Ave

Filed 7/2 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to July 22 1906

that I last saw her alive on July 20 1906,

and that death occurred, on the date stated above, at 12.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception (DURATION) DAYS

Contributory (Primary.) Malnutrition (DURATION) DAYS

(Signed) Ernest J. Krug M.D.

Address 1419 E. Eager St.

Date July 22 1906

Place of Burial Louden Park Cemetery

Date 7/23/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, **sex,** age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91304

City of Baltimore, (No. 236 N. Fremont Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Gilbert A. Saville

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: June (Month) 29 (Day) 1905 (Year)	
AGE: 1 years, — months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Roland Saville
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Catharine Vollers
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to June 30 1906 that I last saw h im alive on June 30 1906 and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) Robt. J. Murray MD M. D.

July 2nd 1906 (Address) 513 N. Bruce

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	July 2 1906
UNDERTAKER: Geo W Little	ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B 91305

City of Baltimore, (No. 1116, Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Tetrow (Tillow)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. (Month) 5 (Day) 1848 (Year)

AGE 57 years, 4 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Winchester Va

FULL NAME OF FATHER John H. Kilpatrick

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary A Ozz

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henrietta Crocker

(Address) 847 W Fayette St

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1906 to June 30 1906

that I last saw h[illegible] alive on June 30 1906,

and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Carcinoma Stomach

Surgical Wks (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) [illegible] M. D.

June 30 1906 (Address) 1014 W Lafay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Western | DATE OF BURIAL July 2 1906

UNDERTAKER Jos B Cook | ADDRESS 1103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 — 91306 — Registered No. B 91306

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary P Mitchell

{Residence, if in Baltimore, Give Street and Number.} 123 N Caste St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 10 1866

AGE: 39 years, 6 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Duff.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliz Lauchler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Mitchell

(Address) 123 N Caste St

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 1 1906

that I last saw her alive on July 1 1906,

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

following Salpingitis

and Pus tubes

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date July 1 190 6

Place of Burial Rockburn Cem Co Harford Md

Date JUL 3 1906 190

Undertaker Wm S. Fry

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91307 Registered No. D

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 417 Jefferson St Homestead St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Sarah J Rapley 91307

{Residence, if in Baltimore, Give Street and Number.} 417 Jefferson st Homestead

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ——— 1 ———

AGE: 70 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Rapley

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Unt Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Rachel Edelman

(Address) 417 Jefferson st Homestead

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to July 1 1906

that I last saw h alive on June 30 1906

and that death occurred, on the date stated above, at 2 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Old age

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. Young Westbrook M.D.

Address 237 Glenwick ave

Date July 1 1906

Place of Burial Dalton Cemetery

Date July 3 1906

Undertaker Robt J Turner

Address Busy Corner

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B 91308

City of Baltimore, (No. 403, E. Lafayette Ave, ...; ....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Agusta Bowen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 10 (Day) 1836 (Year)

AGE: 70 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Hugh F. Parker

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Hugh Bowen

(Address) 403 E. Lafayette Ave

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1906 to June 30th 1906 that I last saw h[er] alive on June 29th 1906, and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Cerebral Softening and Inanition

(DURATION) 60 DAYS

Contributory Rheumatism + Endocarditis (DURATION) 2 Yrs.

(Signed) Chas. Emil Brack M. D.

June 29th 1906 (Address) 500 E. 20th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 432 E. Lafayette How long at Place of Death? 3 Mos.

Where was disease contracted, if not at place of death? 432 E. Lafayette Ave

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: July 2 1906

UNDERTAKER: Evans & Spence — ADDRESS: 1000 E Balto St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91309

City of Baltimore, (No. 1821, Summitt Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Elizbith Ann Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 15th (Day) 1826 (Year)

AGE: 80 years, 5 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~Chas Co. Md.~~

BIRTHPLACE (State or country): Charles Co. Md

FULL NAME OF FATHER: Isaac Mudd

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos P. Russell

(Address) 1821 Summitt Place

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~June~~ June 29th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 20th 1906 to June 29th 1906

that I last saw h[illegible] alive on June 29th 1906

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

~~Cerebral~~ Apoplexy

(DURATION) 24 hours

Contributory Bright's

(DURATION) [illegible] DAYS

(Signed) H. F. Gill M. D.

June 30th 1906 (Address) 1001 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	July 2 1906
UNDERTAKER	ADDRESS
Geo J Smith Co	1000 W. Lafayette Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 91310 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Mason

{ Residence, if in Baltimore, Give Street and Number. } 921 Jordan St.

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: [illegible] 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Mason

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. H. Mason

(Address) 921 Jordan St

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1906

I HEREBY CERTIFY, That I attended deceased from June 28, 1906 to June 29, 1906 that I last saw her alive on June 29, 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

(DURATION) ? DAYS

Contributory (Primary.) Septicaemia.

(DURATION) ? DAYS

(Signed) C. E. Langley, M.D.

Address Just. Gen. Hospital.

Date June 29, 1906.

Place of Burial Mt Auburn Cem

Date July 2 1906

Undertaker Allen Kemsley

Address 578 N Broadway St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

OK — 7-2-06

Dr. Langley reports by phone that the primary cause was Ruptured Salpingitis. C.H.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 91311 — Registered No. B 91311

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Allendale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ewald Hetzer

{Residence, if in Baltimore, Give Street and Number.} 509 Allendale St

Duration of Residence in Baltimore. Bald Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November 1905
AGE	— years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Charles E. Hetzer
BIRTHPLACE OF FATHER (State or country)	Guben, Germany
MAIDEN NAME OF MOTHER	Charlotte Elsa Lachauer
BIRTHPLACE OF MOTHER (State or country)	Berlin, Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dignan

(Address) 1013 Ridgely St.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 30 1906

that I last saw h alive on June 30 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

Enteritis (DURATION) 1 DAYS

(Signed) Edw Schmidt M.D.

Address 517 Locust

Date July 1st 1906

Place of Burial Western Cemetery

Date July 2 1906

Dignan Informant

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible]

91312

Registered No. B 91312

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 S Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma Marie Dorr

{Residence, if in Baltimore, Give Street and Number.} 206 S Payson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 14. 1903

AGE 2 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER August Dorr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Berndt

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant August Dorr

(Address) 206 S. Payson St.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 30 1906 that I last saw h Se alive on June 30 1906 and that death occurred, on the date stated above, at 7.15 P. M.

CAUSE OF DEATH (Secondary or Immediate.) Nephritis Dilated Heart.

(DURATION) 60 DAYS

Con'ributory (Primary.) Scarlet Fever

(DURATION) DAYS

(Signed) M. S. Smith M.D.

Address 1128 W Lexington St

Date July 1 1906

Place of Burial Western Cem:

Date July 3. 1906

Undertaker C. W. Dill

Address 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Mrs. Welsh Tomlinson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Roman. 9136

{Residence, if in Baltimore, Give Street and Number.} 807 McDonough St.

Duration of Residence in Baltimore. 7 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Bl.

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Abner Roman

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Hanna Jenkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Cranwell

(Address) 211 Lewis St

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to June 30 1906 that I last saw h[er] alive on June 30 1906 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia Duration
(Toxic)

(DURATION) 14 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) J. Jones Jr M.D.

Address 807 Cathedral

Date July 1 1906

Place of Burial Saint Mary's

Date July 2. 1906

Undertaker R. St. Mallatt

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 W Mrs Wilson Stonestreet St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

91319

Full Name John Fisher

{ Residence, if in Baltimore, Give Street and Number. } 1904 Union Ave

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	W

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Fisher

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fisher

(Address) 1904 Union Ave.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 3rd 1906

that I last saw h in alive on July 3rd 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro intestinal intoxication.

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions

(DURATION) ..... DAYS

(Signed) Dr Kind Jr M.D.

Address 804 Cathedral St.

Date July 3rd 1906

Place of Burial Balto. Cem.

Date July 3rd. 1906

Undertaker John B. Lippel.

Address North and Harford Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91315

City of Baltimore, (No. 1611 Latrobe St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ratt Welch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 23 (Day) 1904 (Year)

AGE: 1 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas. B. Welch

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Mary McCauley

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1611 Latrobe

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 1 1906 that I last saw h~~im~~ alive on July 1 1906, and that death occurred, on the date stated above, at 9.45 A. M. The CAUSE OF DEATH was as follows:

Acute Gastro enteritis Intoxication.

(DURATION) ..... DAYS

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) J. H. Blade M. D.

July 1 1906 (Address) 1100 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL: St. Mary's Cem. DATE OF BURIAL: July 2 1906

UNDERTAKER: H. C. Macdefeld & Son ADDRESS: Gwynn Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 91316 Registered No. B 91316

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 514 S. Eutaw St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar A. Jones

{Residence, if in Baltimore, Give Street and Number.} 2938 York Road

Duration of Residence in Baltimore. Life 91316

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25th 1873

AGE 32 years, 11 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert H. Jones

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret Marshall

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 2938 York Road

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from

1906 to 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 12.07 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma

2 Years

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Leonhardt M.D.

Address Coroner

Date June 30 1906.

Place of Burial St. Marys, Hampden

Date July 2nd 1906

Undertaker H C Wiedefeld

Address 914 E Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91317. Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Memorial Hosp. Tal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jas J. Sutton 91317

{Residence, if in Baltimore, Give Street and Number.} 1028 Hopkins Ave (W)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: L. J Sutton

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Seassen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry st

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured base of skull

fall down stairs accident

Jas Lowe

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date July 1 1906

Place of Burial Mt Cathedral

Date July 3 1906

Undertaker Matthew Cadogan

Address 696 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 N. Stricker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas Thursby.

{Residence, if in Baltimore, Give Street and Number.} 1034 N. Stricker St.

Duration of Residence in Baltimore. all his life. 91312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: July 19 1856

AGE: 50 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: David Brisk Thursby

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Henrietta Clinis Kennard.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Thursby

(Address) 117 S. Collington Ave.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1906

I HEREBY CERTIFY, That I attended deceased from May 30 1906 to June 28 1906 that I last saw him alive on June 28 1906, and that death occurred, on the date stated above, at 11.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of the Rectum.

(DURATION) 167 DAYS

Contributory (Primary.) Unknown,

(DURATION) DAYS

(Signed) Edwin Murray M.D.

Address 1221 W. Lafayette Ave.

Date June 29 1906

Place of Burial London Park Cem.

Date July 2 1906

Undertaker John A. Dwyer

Address 223 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 91319 Registered No. B 91319

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. C. P. Butler

{Residence, if in Baltimore, Give Street and Number.} 1606 Vincent st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: August 18th 1905

AGE: — years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Butler

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Millie Cooper

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millie Butler

(Address) 1606 Vincent st

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette ave. Corner

Date July 2nd 1906

Place of Burial Laurel Cemetery

Date July 3 1906

Undertaker S W Chase

Address 1011 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

105

91320
CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Jendraszkiewicz

{Residence, if in Baltimore, Give Street and Number.} # 719 S. Bond St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank Jendraszkiewicz

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna Slutkowiak

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Jendraszkiewicz

(Address) 719 S. Bond St

Filed 7/2 1906. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1st 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 1 1906 that I last saw her alive on July 1 1906, and that death occurred, on the date stated above, at 5 1/4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St

Date July 1st, 1906

Place of Burial Holy Rosary

Date Monday July 2 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted] Registered No. B 91320

CERTIFICATE OF DEATH.

(Place of Death.) No. No 2605 Boone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Carroll

{Residence, if in Baltimore, Give Street and Number.} No 2605 Boone St

Duration of Residence in Baltimore Fifty

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1 1839

AGE 67 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John A. Carroll

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah McDonald

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hagan

(Address) 402 E Preston St.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from April 15 1906 to June 30 1906 that I last saw him alive on June 29 1906, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Two months (DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. A. Milliman M.D.

Address No 2449 York Road

Date July 1 1906

Place of Burial New Cathedral

Date July 3 1906

Undertaker E. P. Friedfeld Jr

Address 213 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and place of birth** of the deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

91322

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91322
~~91323~~

Registered No. B.....

City of Baltimore, (No. 1521 Lafayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME. Caroline Lawson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1842 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. I. Bayley

(Address) 2035 Gulford

Filed 7/2 '06

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to July 2 1906

that I last saw her alive on July 1 1906

and that death occurred, on the date stated above, at 1 30 A. M. The CAUSE OF DEATH was as follows:

Bulbar Paralysis, or Glosso Pharyngeal Paralysis, inability to swallow, or Starvation or Asthenia ..... (DURATION) 6 Mos DAYS

Contributory Weakened by a long standing Bronchitis & Pneumonia (DURATION) ..... DAYS

(Signed) W. I. Bayley M. D.

July 2 1906 (Address) 2033 Gulford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 4 1906
UNDERTAKER	ADDRESS
R. F. Elliott	501 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B [redacted]

CERTIFICATE OF DEATH.

91323
151

(Place of Death.) No. 839 McAlers Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Alberta Brickhouse

{Residence, if in Baltimore, Give Street and Number.} 839 McAlers Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: July 1 1906

AGE: — years, — months, 1 hour ~~days~~

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Brickhouse

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Alberta Bantum

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brickhouse

(Address) 839 McAlers Ct

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1906

I HEREBY CERTIFY, That I attended deceased from July 1 7.30 1906 to July 1 8.30 1906

that I last saw her alive on July 1 1906,

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Infant
2 1/2 lbs.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Berglund M.D.

Address Johns Hopkins Hospital

Date July 2 1906

Place of Burial Laurel

Date July 3 1906

Undertaker W. F. Tallant

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 91324 Registered No. B 91324

CERTIFICATE OF DEATH. 129

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jones

{Residence, if in Baltimore, Give Street and Number.} 1052 ? Argyle Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza J. Jones

(Address) 1052 Argyle Ave

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 30 1906

that I last saw her alive on June 30 1906,

and that death occurred, on the date stated above, at 6.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Myoma of Uteri

(DURATION) DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date July 1 1906

Place of Burial St. Peters Cemetery

Date July 3rd 1906

Undertaker Talbert & Rapp

Address 10 N. E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B91325

City of Baltimore, (No. 453 Orchard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Leonard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colrd

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: James Leonard, Sr

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Leonard

(Address) 453 Orchard St.

Filed 7/2 1906

HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 2 1906

that I last saw him alive on July 1 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) J. Ningling M. D.

July 2 1906 (Address) 7144 Bennett

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: July 4th 1906

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Mulberry

✓

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 3610 Cedar Av St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Wm R. Frazier

{ Residence, if in Baltimore, Give Street and Number. } 3610 Cedar Av

Duration of Residence in Baltimore. Life 91326

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 25 1838

AGE: 67 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: S Philpress

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: L Bailey

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry L Frazier

(Address) 362 Chilcott Av

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July June 30" 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate) Pneumonia Coma

(DURATION) ? DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Gladden Smithwick M.D.

Address 1804 Clark Corner

Date July 7 1906

Place of Burial Dr Mary L

Date July 2 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 91327 — Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 513 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Byrnes

{Residence, if in Baltimore, Give Street and Number.} 513 E. Madison st

Duration of Residence in Baltimore. 50 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: July 1st 1817

AGE: 89 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Jas Byrne

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Do not know.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jos. Caskey

(Address) 513 E. Madison St.

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 12 1906

that I last saw h alive on June 30 1906

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatism

(DURATION) 5 DAYS

Con'tributory (Primary.) Uraemic Poisoning (DURATION) 1 DAYS

(Signed) Edward [illegible] M.D.

Address 29 E. Lexington

Date July 2 1906

Place of Burial Cathedral Cem.

Date July 3" 1906

Undertaker Evans & Spence

Address 1000 E. Balto. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 31328

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sweeney

{ Residence, if in Baltimore, Give Street and Number. } ~~Life~~ St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH May 20 1906

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Allegany Co

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 5th 1906 to July 1st 1906 that I last saw her alive on July 1st 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

one day (DURATION) DAYS

Contributory (Primary.) Ileo-colitis

one week (DURATION) DAYS

(Signed) J. A. McGeegan M.D.

Address 1529 Park Ave

Date July 2nd 1906

Place of Burial New Cathedral

Date July 2nd

Undertaker M. J. Tierney & Sons

Address 606 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gordon Richards

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. life 91329

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: May 23rd 1906

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/2 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from Jun 5th 1906 to July 1st 1906 that I last saw h-- alive on July 1st 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

several days (DURATION) DAYS

Con'tributory (Primary) Illiv - colitis

5 Days (DURATION) DAYS

(Signed) J K B E Seegers M.D.

Address 1527 Park Ave

Date July 2nd 1906

Place of Burial New Cathedral

Date July 2nd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91330

CERTIFICATE OF DEATH.

157

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Anna May Thorley

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. life

91330

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	June 14th 1906
AGE	..... years, ... months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) St. V. I. Asy.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from June 5th 1906 to July 1st 1906 that I last saw h.. alive on July 1st 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

one day (DURATION) ..... DAYS

Contributory (Primary) Marasmus

several days (DURATION) ..... DAYS

(Signed) J K B Deegan M.D.

Address 1529 Park Ave

Date July 2nd 1906

Place of Burial New Cathedral

Date July 2nd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. CULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91331

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Mary Sibel

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. Life 91331

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	May 26 1906
AGE	0 years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy-

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 27th 1906 to July 1st 1906 that I last saw h.. alive on July 1st 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

one day (DURATION) DAYS

Contributory (Primary.) Illio-colitis

four days (DURATION) DAYS

(Signed) J. K. McGeegan M.D.

Address 1529 Park Ave

Date July 2nd 1906

Place of Burial New Cathedral

Date July 2nd 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91332

City of Baltimore, (No. 1805 / E. Lafayette Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George N. Carmine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 7th (Day) 1905 (Year)

AGE: — years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Earl J. Carmine

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elleanor Neal

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earl J. Carmine

(Address) 1805 E Lafayette ave

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30th 1906 to July 1st 1906 that I last saw h[illegible] alive on July 1st 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) One DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John J. Dorsch M. D.

July 2nd 1906 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cemetary — DATE OF BURIAL: July 3 1906

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

1240

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Conniff 91333

{Residence, if in Baltimore, Give Street and Number.} 925 Boyd St

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 17th 1860

AGE 46 years, 3 months, 17 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER Ashel Carr

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Conniff

(Address) 925 Boyd St

Filed 7/2 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 1 1906 that I last saw h er alive on June 30 1906 and that death occurred, on the date stated above, at 3:00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Pneumonia~~

Endocarditis

(DURATION) 2 DAYS

Con'tributory (Primary.) Valvular Lesion of Heart (DURATION) 14 DAYS

(Signed) Jno. C. Neander M.D.

Address 1075 W. Fayette St.

Date July 1st 1906.

Place of Burial St Peters

Date July 2d 1906

Undertaker John J Cowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Bailey. 9134

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Black
DATE OF BIRTH	1
AGE 22 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Georgia
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Supt. Holly[illegible]

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 29 1906 that I last saw h in alive on June 29 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Wm. Osler M.D.

Address Bay View Asylum

Date June 29 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date June 30th 1906

Undertaker William H. Woodyer

Address 1811 Aisken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

1/2

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91335

City of Baltimore, (No. 405 Precipice Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy J. Mullan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. (Month) 30 (Day) 1860 (Year)

AGE: 46 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: James H Watts

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Sarah Ellen Reed

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E Eslah

(Address) 405 Precipice Place

Filed 7/2 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to June 30 1906 that I last saw h er alive on June 30 1906, and that death occurred, on the date stated above, at 11-50 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) M. E. Douglass M. D.

7/1 1906 (Address) 129 E. Mount Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 3rd 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. D.....

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Pennsylvania ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name James B. Ford 91336

{ Residence, if in Baltimore, Give Street and Number. } 1403 Pennsylvania Ave

Duration of Residence in Baltimore. 2-4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: aug. 16th 1822

AGE: 83 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: Rev. Wm. Ford

BIRTHPLACE OF FATHER (State or country): Mass

MAIDEN NAME OF MOTHER: Francis Spalding

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: Doctor retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Wilson

(Address) 1403 Penna Ave

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to July 1 1906

that I last saw him alive on July 1 1906

and that death occurred, on the date stated above, at 9 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 mo DAYS

Contributory (Primary.) Old Age

(DURATION) 6 mos DAYS

(Signed) Jennie Ebaugh M.D.

Address 1741 Pennsylvania Ave

Date July 2 1906

Place of Burial Greenmount

Date July 3rd 1906

Undertaker G. F. Walker

Address 723 N. Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Reg. No. 51551.

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Ind. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ann Denroche.

{Residence, if in Baltimore, Give Street and Number.} Fairlee, Kent Co. Md.

Duration of Residence in Baltimore. 1 week. 9137

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1842.

AGE: 64 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Knapley green Kent Co Md

FULL NAME OF FATHER: Thomas W Ringgold

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Mary J. Cruikshank.

BIRTHPLACE OF MOTHER (State or country): Kent. Co. Md.

OCCUPATION OF DECEASED: House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chris. T Denroche

(Address) Kent Co Md-

Filed 7/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 2 1906 that I last saw her alive on July 2 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

One year (DURATION) DAYS

Contributory (Primary.) Infection Peritonitis

(DURATION) 3 DAYS

(Signed) C. C. Langley, M.D.

Address Ind. Gen. Hospital.

Date July 2, 1906

Place of Burial Tolchester Kent Co Md

Date July - 3rd 1906

Undertaker Jno M. Cauthrup

Address 241 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91338

City of Baltimore, (No. 2406 Montebello Av. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Griffin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: March 7 1906 (Month) (Day) (Year)

AGE: ..... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore,

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Clara Griffin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bayley

(Address) 2033 Guilford Av.

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to July 2 1906

that I last saw h[illegible] alive on July 1 1906,

and that death occurred, on the date stated above, at 12.45 a m. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

Chief Cause

Immediate cause, wa

Corn Products. (DURATION) 11 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H Bayley M. D.

July 7 1906 (Address) 2033 Guilford Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 3 1906
UNDERTAKER	ADDRESS
John H. Burke	Frederick Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91339

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 302 N. Gilmor St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene Cecilia Southard

{Residence, if in Baltimore, Give Street and Number.} 302 N. Gilmor St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 5" 1905

AGE: — years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Danl L Southard

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Mamie A Riley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Danl Southard

(Address) 302 N. Gilmor St

Filed 7/2 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 1" 1906

that I last saw her alive on July 1" 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 3 DAYS

(Signed) W Blazer M.D.

Address 110 S. Gilmor St

Date Balto July 2nd 1906

Place of Burial London Park

Date July 3 1906

Undertaker Crowley Bros

Address 1500 N. Fulton Ave 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*. That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 169

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Lancaster St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frances Rosanowicz 9134D

{ Residence, if in Baltimore, Give Street and Number. } # 1619 Lancaster St.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Frank Michowiak.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Michowiak

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Rosanowicz.

(Address) 1619 Lancaster St

Filed 7/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 1 1906 that I last saw her alive on July 1 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heat-stroke

6 hours (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date July 2 1906.

Place of Burial St Stanislaus

Date Tuesday July 3 1906

Undertaker M F Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis G Goutman

{Residence, if in Baltimore, Give Street and Number.} 1709 Hanover

Duration of Residence in Baltimore Fifteen 91341

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 8 1906

AGE ..... years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or couutry) Balto Md

FULL NAME OF FATHER Jos E Goutman

BIRTHPLACE OF FATHER (State or country) York Pa

MAIDEN NAME OF MOTHER Calvin A. Oshmeyer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Gathman

(Address) 1709 Hanover

Filed 7/2 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to June 30 1906

that I last saw him alive on June 30 1906,

and that death occurred, on the date stated above, at 5.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Stomach

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Huntington M.D.

Address 120 E Fayette

Date 6/30 1906

Place of Burial London Pk

Date July 3 — 1906

Undertaker Wm Cook

Address 502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1008 E. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Linberg 91342

{Residence, if in Baltimore, Give Street and Number.} 1008 E. Lombard St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Linberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Shlaen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Shlaen.

(Address) 174 N Exeter st.

Filed July 3 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 2 1906

that I last saw h[illegible] alive on July 2 1906,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date July 2 1906

Place of Burial Philips Rd Rosedale

Date July 3, 1906

Undertaker Mey Levinson

Address 1138 Low-st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91343

City of Baltimore, (No. Franklin Square Hospital Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Vaughn Webster.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 2 (Day) 1906 (Year)

AGE: 21 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Chance Maryland

FULL NAME OF FATHER: John F Webster

BIRTHPLACE OF FATHER (State or country): Chance Md

MAIDEN NAME OF MOTHER: Martha Shores

BIRTHPLACE OF MOTHER (State or country): Chance Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. O'Neill Webster

(Address) 1723 St Charles St

Filed July 3rd 1906 [PERMIT CLERK.]

6846R Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 24th 1906 to July 2nd 1906 that I last saw him alive on July 2nd 1906, and that death occurred, on the date stated above, at 5-10 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 12 DAYS

Contributory Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) Wales A. Ward M. D.

July 2nd 1906 (Address) Franklin Square Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chance, Md. How long at Place of Death? 8 Days

Where was disease contracted, if not at place of death? Was taken sick in Annapolis, Md.

PLACE OF BURIAL OR REMOVAL: Dealers Island Somerset Co Md

DATE OF BURIAL: July 3 1906.

UNDERTAKER: E. W. Mitchell

ADDRESS: 130 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1107 Mosher St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Philip Bonn

{ Residence, if in Baltimore, Give Street and Number. } 1107 Mosher St

Duration of Residence in Baltimore. 2 years 91344

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Dec 1834

AGE 72 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Philip Bonn

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Grant

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles A. Small

(Address) 1627 Franklin St

Filed July 3rd 1906 HARRY C. ANDREWS PERMIT CLERK

Registrar

C. & C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from 1905 to July 1 1906

that I last saw him alive on July 1 1906,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions,

(DURATION) 1 DAY

Contributory (Primary.) Chronic Nephritis

about 2 years (DURATION) ——

(Signed) C. K. Davis M.D.

Address 923 N Carrollton Ave

Date July 1st 1906

Place of Burial Philadelphia Pa

Date July 3rd 1906

Undertaker W. H. Forbes & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1904
72
.83 4

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91345

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 320 Belt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj F. Swann

{Residence, if in Baltimore, Give Street and Number.} 320 Belt St.

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Col

DATE OF BIRTH March 1823

AGE 83 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas Swann

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown (Was a Slave)

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lossie M. Emmelle

(Address) 411 Mcallister's Court

Filed July 3rd 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to July 1 1906

that I last saw h[illegible] alive on July 1 1906,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

Both Aortic & Mitral

Valves. (Regurgitation)

6 months (DURATION) Prob. DAYS

Con'tributory (Primary.) Death Immediate

caused by Oedema of

Lungs (DURATION) 24 DAYS

(Signed) Clayton Bandel M.D.

Address 2036 Penford Ave

Date July 1 1906

Place of Burial Monkton Balto Co Md

Date July 3 1906

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Kessler 91346

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum (1600 E Pratt St)

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Joseph Horowitz

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Hodk

BIRTHPLACE OF MOTHER (State or country): Austrian

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday. Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 2 1906 that I last saw h[illegible] alive on July 2 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

Exhaustion (DURATION) ..... DAYS

(Signed) [signature] M.D.

Address Bay View Asylum

Date July 2 1906

Place of Burial Washington Co. Hebrew Cemetery

Date July 3, 1906

Undertaker Mrs. Levinson

Address 113 E Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

91347

CERTIFICATE OF DEATH.

91347

(Place of Death.) No. 7 Hill St. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith V. Snellings

{ Residence, if in Baltimore, Give Street and Number. } 7 Hill St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec. 5- 1902

AGE: 3 years, 6 months, 27 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: child

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry M. Snellings

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Alice M. Landess

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry M. Snellings

(Address) #7 Hill St.

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to July 2 1906

that I last saw her alive on July 2 1906,

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Pertussis

(DURATION) ?, DAYS

(Signed) Harry C Algire M.D.

Address 340 Roland Ave

Date July 2 1906

Place of Burial St. Marys Hampden

Date July 3rd 1906

Undertaker Horace T Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

91348

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Fawsier St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name W= H. Rozo.

{Residence, if in Baltimore, Give Street and Number.} 707 Fawsier St

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR coloured

DATE OF BIRTH 1859

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) [illegible]

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown.

OCCUPATION OF DECEASED Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Ross,

(Address) 707 Fawsier

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from May 3 1906 to July 2 1906

that I last saw him alive on June 27 1906,

and that death occurred, on the date stated above, at 12 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

..... (DURATION) ..... DAYS

Contributory (Primary.) Coma.

..... (DURATION) ..... DAYS

(Signed) W= T. Carr, Jr. M.D.

Address 515 Hooker St.

Date July 2nd 1906,

Place of Burial Mt Auburn Cemetery

Date July 4th 1906

Undertaker Frey & Trax

Address 122 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 547 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mc Clore Harkling

{Residence, if in Baltimore, Give Street and Number.} 547 Preston Street

Duration of Residence in Baltimore. Lifetime

91349

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	July 1906
AGE	..... years, 7 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Percy Harkling
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jennie Baker.
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Baker.

(Address) 547 W. Preston st

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 1st 1906 that I last saw him alive on July 1st 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Same

(DURATION) 4 DAYS

(Signed) D. Warren Cargile M.D.

Address 720 W. Biddle St

Date July 1st 1906

Place of Burial Mt. Auburn Cemetery

Date July 3rd. 1906

Undertaker Felix B. Poe

Address 122 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

54

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McNerney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. B 91350

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June 27 1847	
AGE: 52 years, months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Unknown	
FULL NAME OF FATHER: Wm McNerney	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Johana Donovan	
BIRTHPLACE OF MOTHER (State or country): Unknown.	
OCCUPATION OF DECEASED: Salesman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M C Nerney

(Address) 1527 Pennsa

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to June 30 1906 that I last saw h[illegible] alive on June 30 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

Arterio-sclerosis

(DURATION) DAYS

Contributory (Primary.) Cardiac dilatation (DURATION) DAYS

(Signed) [signature] M.D.

Address Bay View Asylum

Date June 30 1906

Place of Burial Loudon Park

Date July 3 1906

Undertaker John E Hough Co

Address 1422 Pennsa ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91351 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

93

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Funk

{ Residence, if in Baltimore, Give Street and Number. } Frederick Md.

Duration of Residence in Baltimore. 3 days

B 9/351

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	65 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	— —
BIRTHPLACE OF FATHER (State or country)	— —
MAIDEN NAME OF MOTHER	— —
BIRTHPLACE OF MOTHER (State or country)	— —
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. A. Willenger

(Address) Ellicott City Md.

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/1 1906

I HEREBY CERTIFY, That I attended deceased from 6/29 1906 to 7/1 1906 that I last saw him alive on 7/1 1906 and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Apoplexy and Heart Prostration (DURATION) — DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 9/2 1906

Place of Burial Frederick City Md

Date July 3" 1906

Undertaker Wm J Eichner & Sons

Address 421 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1112 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Neoma R Morrison

{Residence, if in Baltimore, Give Street and Number.} 1112 Scott

Duration of Residence in Baltimore.

B91352

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 4 1906

AGE: ..... years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ..... single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Morrison Jr

BIRTHPLACE OF FATHER (State or country): Washington DC

MAIDEN NAME OF MOTHER: Amelia D Surbrook

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Hilsinger 4 20th

(Address) Ellicott City Md

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906

that I last saw h.. alive on July 2 1906

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis.

(DURATION) 6 hrs DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Walter Abel M.D.

Address 2017 Wilkens ave

Date ..... 190..

Place of Burial Loudon Park

Date July 4 190 6

Undertaker W. J. Townsend by

Address Conduct Undertaker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) W. W. H. No. Co Camden - Eutaw St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Thos E Keown

{Residence, if in Baltimore, Give Street and Number.} Co Camden - Eutaw

Duration of Residence in Baltimore. 40 years B91353

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	8- 24- 1853
AGE	53 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	do not Know
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	do not Know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 William

Filed 7/3/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Maher M.D.

Coroner

Address

Date July 2 190

Place of Burial New Cathedral

Date July 3 1906

Undertaker John J Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91354

City of Baltimore, (No 1109, Carrollton ave St., Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Catherine Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May (Month) 10 (Day) 1888 (Year)

AGE: 18 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicholas F. Foster

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Geary

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Weber

(Address) 1153 N. Carey

Filed 7/3 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1905 to July 2 1906

that I last saw h er alive on July 2 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

about 240 (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) A P C Davis M. D.

July 2 1906 (Address) 923 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 4 1906

UNDERTAKER: Geo Weber

ADDRESS: 1153 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

172

(Place of Death.) No. off Fort McHenry. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest J. Ham B 91355

{ Residence, if in Baltimore, Give Street and Number. } Wiemhoe Eng.

En route.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Don't know 1
AGE	26 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England.
FULL NAME OF FATHER	Wm H. Ham
BIRTHPLACE OF FATHER (State or country)	England.
MAIDEN NAME OF MOTHER	don't know.
BIRTHPLACE OF MOTHER (State or country)	don't know.
OCCUPATION OF DECEASED	Ships carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lt Henry R Oakley.

(Address) Steam Yacht Lysander

Filed 7/3 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~

that I last saw h~~im~~ alive on ~~1906~~,

and that death occurred, on the date stated above, at 9.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto McReinhardt M.D.

Coroner

Address

Date July 3 1906

Place of Burial Baltimore Cemetery

Date July 3rd 1906

Undertaker George Schulting & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91356

City of Baltimore, (No. 702 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beulah Thelma Knight

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: white
DATE OF BIRTH: July (Month) 11 (Day) 1905 (Year)	
AGE: — years, 11 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: William C. Knight	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Beulah L. Hurley	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. Knight

(Address) 702 Hanover St.

Filed 7/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to July 1 1906 that I last saw h[illegible] alive on June 3 1906, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Acute Gastro Enteritis

Infection

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J B Joyce M. D.

July 4 1906 (Address) 18 or W. Mulb

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 190
UNDERTAKER	ADDRESS

WESTERN JUL 3 1906 HARRY G. ANDREWS, PERMIT CLERK. Armstrong Denny Co., 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Lauf

{Residence, if in Baltimore, Give Street and Number.} 105 S Poppleton St

Duration of Residence in Baltimore. Life

B 91357

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Apl. 14 1878

AGE: 28 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Veneer Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martin Lauf

(Address) 105 S Poppleton St

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to Jan 30 1906

that I last saw her alive on June 30 1906

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Suppurative Endocarditis

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Asthenia

(DURATION) 10 DAYS

(Signed) J Norwood M.D.

Address 729 W Fayette

Date July 2 1906

Place of Burial London Park Cemetery

Date July 3 1906

Undertaker Geo. Bent

Address 534 N Bidde

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91358

CERTIFICATE OF DEATH.

(Place of Death.) No. 62 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angeline Thomas

{ Residence, if in Baltimore, Give Street and Number. } 162 N. Gay St.

Duration of Residence in Baltimore. 1 40.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1—

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Tom

(Address) 230 S. Stiles St.

Filed 7/3 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2d 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190— to 190—

that I last saw h— alive on 190—,

and that death occurred, on the date stated above, at 8-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) — DAYS

Contributory (Primary.) Atherosclerosis

(DURATION) — DAYS

(Signed) Benj V Hampton M.D.

Address 408 N Eutaw St

Date July 2d 1906

Place of Burial Asbury C

Date July 4th 1906

Undertaker Wm J G Jackson

Address 142 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 S Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ambrose M. Nelson

{ Residence, if in Baltimore, Give Street and Number. } 244 S. Washington St

Duration of Residence in Baltimore. Life B 91359

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Jan 15 1906

AGE ..... years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Peter Nelson

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Adaline Harlin

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Nelson

(Address) 244 S Washington St

Filed 7/3 1906 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from July 2, 1906 to July 2 1906

that I last saw him alive on July 2 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

12 hrs (DURATION) DAYS

Contributory (Primary.)

Convulsions (DURATION) 2hr DAYS

(Signed) Geo. L. Wilson M.D.

Address 1937 Gough St

Date July 3, 06 1906

Place of Burial Holy Cross Cemetery

Date July 3rd 1906

Undertaker Germanus Thanner

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna E. Lange

{Residence, if in Baltimore, Give Street and Number.} 1802 Eastern Ave.

Duration of Residence in Baltimore. 23 years B 91360

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Feb. 22nd 1833

AGE 73 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gottlieb Sander

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna E. Gerstin

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Lange

(Address) 1802 Eastern Ave.

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 8th 1906 to July 2nd 1906

that I last saw h[er] alive on July 2nd 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Ventriculi
Cancer of Stomach
Asthenia

about one year (DURATION) — DAYS

Contributory (Primary.) Cancer of Stomach

about one year (DURATION) — DAYS

(Signed) Jas. B. Bennett M.D.

Address 1211 N. Caroline St.

Date July 3rd 1906

Place of Burial Trinity Cemetery

Date July 4th 1906

Undertaker Germans Frazer

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91361

Registered No. B.....

City of Baltimore, (No. 939, Ridgely St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmira Belschner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH August 8 Tuesday 1905
(Month) (Day) Year)

AGE ——— years, 11 months, ——— days

SINGLE, MARRIED, WIDOWED OR DIVORCED ~~Married~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Mr. Chas. Belschner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Klapproth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Belschner

(Address) 939 Ridgely St

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 2 1906 that I last saw h or alive on July 2 1906, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 12 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) Edw ..... M. D.

July 2 1906 (Address) 517 Hoen

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 3 1906

UNDERTAKER F. B. Weisert — ADDRESS 2446 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91362

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Callahan

{ Residence, if in Baltimore, Give Street and Number. } B91362

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1840

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Brigitte Smidt

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley sts

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2d 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on 1906

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic gastritis

2 Years (DURATION) DAYS

Contributory (Primary.)

Laceration (DURATION) DAYS

(Signed) T. A. Warner M.D.

Address 1133 Valley St

Date ~~July 3~~ July 3 1906

Place of Burial New Cathedral

Date July 4th 1906

Undertaker John J. Fields

Address 1200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

91363

CERTIFICATE OF DEATH.

(Place of Death.) No. 867 Reinhard

Full Name Wm H Stahl St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.) B91363

{Residence, if in Baltimore, Give Street and Number.} 867 Reinhard st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: .....

AGE: 47 years, ... months, ... days

1

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jacob Stahl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kathrian Stahl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John DeFields

(Address) 1200 W. Fayette

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK,

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 1 1906

that I last saw h alive on July 1 1906,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Contributory (Primary.) Toxemia (DURATION) 3 DAYS

(DURATION) 1 DAYS

(Signed) Jos. E. Wiese M.D.

Address 855 Columbia Ave

Date July 1 1906

Place of Burial Western

Date July 3rd 1906

Undertaker John DeFields

Address 1200 W. Fayette st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2023 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen M Doyle

{Residence, if in Baltimore, Give Street and Number.} 2023 Riggs Av

Duration of Residence in Baltimore. 50 years

B91364

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kayle

(Address) 2023 Riggs Av

Filed 7/3 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from ~~since her during Sept, 1905~~ and ~~again on day~~ 190 to July 2 1906 ~~of death~~ - that I last saw h~~er~~ alive on July 2 1906 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Arterio - sclerosis

unknown (DURATION) — DAYS

Contributory (Primary.) Heart Dilatation

unknown (DURATION) DAYS

(Signed) John J. Kraig M.D.

Address 1425 Eutaw Pl.

Date July 2 1906

Place of Burial New Cathedral

Date July 5th 1906

Undertaker G. Gahey & Son

Address 506 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 Sloan [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Leonard

{ Residence, if in Baltimore, Give Street and Number. } 205 Sloan. St

Duration of Residence in Baltimore. life — B 91365

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Oct. 21 1872

AGE: 33 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Anton Rider

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Christina Helmstetter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. N. Leonard

(Address) 205 S. Washington

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from Jan 2 1906 to June 30 1906

that I last saw her alive on " 30 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6-8 weeks (DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Wm. E. Brune M.D.

Address 1713 Bank St

Date July 2 — 1906

Place of Burial Mt. Carmel

Date July 3 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

121

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian F. Roppener

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City

Duration of Residence in Baltimore.

B 91366

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	1
AGE	90 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	"

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Jl 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 3 1906 that I last saw h wife alive on July 3 1906, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Suppuration of Kidneys - bladder & Prostate -

(DURATION) DAYS

Contributory (Primary) Surgical Kidneys & Prostate

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 3rd 1906

Place of Burial Loudon Park

Date July 6 1906

Undertaker Mrs Annie Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Fields

{Residence, if in Baltimore, Give Street and Number.} 612 Stirling

Duration of Residence in Baltimore. Life B 9/367

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: June 30 1906

AGE: — years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Fields

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Mathews

BIRTHPLACE OF MOTHER (State or country): Carolina Co. Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. D. Gelbach

(Address) 211 W. Lanvale

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteri-colitis

(DURATION) 3 DAYS

Contributory (Primary.) Bobbie Fed

(DURATION) — DAYS

(Signed) I. D. Gelbach M.D.

Address 211 W. Lanvale

Date June 30 1906

Place of Burial COLLEGE OF P. & S

Date JUL 2 - 1906 190

Undertaker Commissioners Room

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR MEDICAL EXPOSI

This baby is not able to buy the Chalk. I. D. Gelbach Coro

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate containing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18 5/

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

184

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Williams

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

B91368

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Blk
DATE OF BIRTH: May 7 1906	
AGE: — years, 1 months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from May 18 1906 to July 1 1906

that I last saw h[e] alive on June 30 1906,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 08 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date July 1 1906

Place of Burial COLLEGE OF P. & S. JUL 2 - 1906

Date 190

Undertaker Commissioner of Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

185

This

CERTIFICATE OF DEATH.

91369

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bell

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life B 91369

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: March 17 1906

AGE: — years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1906

I HEREBY CERTIFY, That I attended deceased from May 17 1906 to July 1 1906 that I last saw h[e] alive on June 30 1906, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 45 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2006 Madison Ave.

Date July 1 1906

Place of Burial COLLEGE OF P. & S

JUL 2 - 1906

Date 190

Undertaker Commissioners Board

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wade

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

B 91370

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Mulatto
DATE OF BIRTH: April 24 1906	
AGE: — years, 2 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannand

(Address) 2005 Madison Ave.

Filed 7/3 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from May 21 1906 to July 1 1906 that I last saw h-- alive on June 30 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 63 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClannand M.D.

Address 2005 Madison Ave

Date July 1 1906

Place of Burial COLLEGE OF P. & S

Date JUL 2 - 1906 190

Undertaker Commissioners Board of Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. D

B 91371

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Blk.
DATE OF BIRTH: April 10 1906	
AGE: — years, 2 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from April 21 1906 to June 30 1906

that I last saw h[is] alive on June 29 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date June 30 1906

Place of Burial COLLEGE OF P. & S.

JUL 2 - 1906

Commissioner Health

Date 190

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Morgan

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 2 mos.

B91372

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: Mar. 14 1906

AGE: — years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pittsburg Pa

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius M'Glannan

(Address) 2005 Madison Ave.

Filed 7/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1906

I HEREBY CERTIFY, That I attended deceased from April 26 1906 to June 30 1906

that I last saw her alive on June 29 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 70 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius M'Glannan M.D.

Address 2005 Madison Ave.

Date June 30 1906

Place of Burial COLLEGE OF P. & S. JUL 2 - 1906

Date 190

Undertaker

Address Health Department

HARRY C. ANDREWS, PERMIT CLERK. Commissioner of Health. FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Markey

{Residence, if in Baltimore, Give Street and Number.} St Elizabeth's Home

Duration of Residence in Baltimore. 3 mos.

B 91373

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mul.

DATE OF BIRTH: June 22 1906

AGE: — years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Talbot Co Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Unk

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1906

I HEREBY CERTIFY, That I attended deceased from Mar. 28 1906 to June 30 1906 that I last saw h[im] alive on June 29 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date June 30 1906

Place of Burial COLLEGE OF P. & S. JUL 2 - 1906

Date 1906

Undertaker Health Dept

Address

ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

185

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 St Paul St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emaline C. Dowell

{Residence, if in Baltimore, Give Street and Number.} 608 St Paul St

Duration of Residence in Baltimore. 15 years B91374

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1836

AGE 70 years, 1 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) London Co Va

FULL NAME OF FATHER Richard Osborne

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Patsy Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Cyrus M Gingrich

(Address) 608 St Paul St

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from June 4th 1906 to July 3rd 1906

that I last saw h~~er~~ alive on July 2nd 1906

and that death occurred, on the date stated above, at 8:30 ~~a~~ m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary) Carcinoma Stomach

(DURATION) 120 DAYS

(Signed) Geo D Reynolds M.D.

Address 909 N Charles St

Date July 3rd 1906

Place of Burial Short Hill Loudon Co Va

Date July 4. X 1906

Undertaker J R Book

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2546 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Wesley Barnett jr (Barnett Jr)

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life B91375

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mch 16 1906

AGE ..... years, 3 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles W Barnett

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Laura V. Grossman

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles W. Barnett

(Address) 2546 Wilkens Ave

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906 that I last saw h-- alive on July 2 1906 and that death occurred, on the date stated above, at 1.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Enteritis

(DURATION) DAYS

Contributory (Primary.) None

(DURATION) DAYS

(Signed) Walter A Lee M.D.

Address 2017 Wilkens Ave

Date July 3 1906

Place of Burial Loudon Park

Date July 4 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91376

City of Baltimore, (No. 602 N. Dallis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clifford E. Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) 1 (Day) 1905 (Year)

AGE: One years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Robinson

BIRTHPLACE OF FATHER (State or country): Balt. Md

MAIDEN NAME OF MOTHER: Lulu Greggory

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Banks

(Address) 602 N. Dallis

Filed 7/3 1906

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 1 1906 that I last saw him alive on July 1 1906, and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) F. A. Lauer M.D.

July 2nd 1906 (Address) 1402 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: July 3rd 1906

UNDERTAKER: Felix V. Pye

ADDRESS: 1026 E. Wyloba

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 904 S. Wolf St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Teresia Sisza B91377

{Residence, if in Baltimore, Give Street and Number.} 904 S. Wolf

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: October 6th 1905

AGE: ..... years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Sisza

BIRTHPLACE OF FATHER (State or country): Poland Austria

MAIDEN NAME OF MOTHER: Antonina Kszyszkowska

BIRTHPLACE OF MOTHER (State or country): Poland Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Sisza

(Address) 904 S. Wolf St

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 2nd 1906

that I last saw h[illegible] alive on July 2nd 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 2 DAYS

Contributory (Primary.)

Indigestion (DURATION) 6 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann St

Date July 2nd 1906

Place of Burial Holy Rosary —

Date Tuesday July 3rd 1906

Undertaker M. F. Sudowski

Address 709 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91378

City of Baltimore, (No. 2000 Huntenalley Ward [If death occurred in Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Esther M. Jackson

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Col
DATE OF BIRTH Nov 16 1905 (Month) (Day) (Year)	
AGE 7 years, 7 months, 17 days	
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Balt Md	
FULL NAME OF FATHER Wm Jackson	
BIRTHPLACE OF FATHER (State or country) Harford Co Md	
MAIDEN NAME OF MOTHER Edna Jackson	
BIRTHPLACE OF MOTHER (State or country) Chesterton Md	
OCCUPATION OF DECEASED None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bagley

(Address) 2235 Guilford Ave

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906 that I last saw h alive on July 1 1906, and that death occurred, on the date stated above, at 5:20 P.M. The CAUSE OF DEATH was as follows:

Immediate Cause was Prostration due to Bowel Hemorrhage in case of Infantile Cholera (DURATION) 1/2 DAYS

Contributory Weakened by Existing Pertussis (DURATION) 6 or 7 DAYS

(Signed) M. Bagley M.D.

July 2 1906 (Address) 2235 Guilford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel City	July 4 1906.
UNDERTAKER	ADDRESS
Liston & Russell Undertakers	570 N Gay

OK GAF

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61 F

CERTIFICATE OF DEATH.

Registered No. B 91379

City of Baltimore, (No. 608 S Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roman Wojciak

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 7 1906 (Month) (Day) (Year)
AGE	5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Joe Wojciak
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Mary Pilanowska
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Wojciak

(Address) 608 S Durham

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906 that I last saw h[illegible] alive on July 2 1906 and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis (DURATION) 2 DAYS

Contributory Gastritis (DURATION) 1 DAYS

(Signed) G O Blades M. D.

1906 (Address) 1437 N Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 3 1906
UNDERTAKER Jas C Falkowski	ADDRESS 428 N Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91380

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 140 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Merrimon 6

{Residence, if in Baltimore, Give Street and Number.} 140 W. Henrietta St.

Duration of Residence in Baltimore... Life B91380

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: March 6 1906

AGE: ....years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Merrimon 6

BIRTHPLACE OF FATHER (State or country): Wilmington N C.

MAIDEN NAME OF MOTHER: Bettie Parker 6.

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Merrimon 6 (father)

(Address) 140 W. Henrietta St.

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion.

....(DURATION).... DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 14 DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner.

Date July 3. 1906

Place of Burial Mt. Auburn Cem.

Date July 3 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

91381

CERTIFICATE OF DEATH.

40

(Place of Death.) No. University of Maryland Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Nelson Stephens

{ Residence, if in Baltimore, Give Street and Number. } Corner Francis St & Clifton Ave.

Duration of Residence in Baltimore. About 55 Years. B91381

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1850

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Joseph Stephens

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard D Stephens

(Address) 2 Lloyd Ave Ft. Arlington

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 2nd 1906

that I last saw him alive on July 2nd 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach (?) followed by Heart and respiratory failure.

(DURATION) DAYS

Contributory (Primary.) Cancer of Stomach (?) (DURATION) 90 DAYS

(Signed) Robt L. Bay M.D.

Address University Hospital

Date July 2nd 1906

Place of Burial Loudens Park

Date July 5 1906

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91382

132

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Gilliam Foreman

{Residence, if in Baltimore, Give Street and Number.} 912 2 nd bet Hampden

Duration of Residence in Baltimore.

B 91382

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jackson D Foreman

(Address) 912 Second Ave

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 nd 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 2 1906

that I last saw her alive on July 2 1906

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) DAYS

Contributory (Primary) Pneumonia and Pulmonary Edema

(DURATION) DAYS

(Signed) G. M. Shipley M.D.

Address University Hospital

Date July 2nd 1906

Place of Burial St Mary's Hampden

Date July 4 1906

Undertaker Wm Cook

Address 510 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 Ettings Street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alice L. Carter

{Residence, if in Baltimore, Give Street and Number.} 1228 Ettings Street

Duration of Residence in Baltimore. Life B 91383

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isac Carter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie Shoemaker

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Carter

(Address) 1228 Ettings St

Filed 7/3 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 — 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 3 1906 that I last saw her alive on July 3 1906, and that death occurred, on the date stated above, at 3.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

one week (DURATION) DAYS

Contributory (Primary.) Inal- nutrition

— (DURATION) — DAYS

(Signed) Edward Whalley M.D.

Address 1230 D. Kill Ave

Date July 3 — 1906

Place of Burial Odd fellows Cem Baltimore Co

Date July 4 1906

Undertaker Alex Hemsley

Address 575 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cunningham

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B91384

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 24th 1839	
AGE: 66 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Scotland	
FULL NAME OF FATHER: John Cunningham	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Jane Emmerson	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Miner	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Sts.

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2d 1906

I HEREBY CERTIFY, That I attended deceased from November 190 to 190

that I last saw him alive on July 2 1906,

and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paraplegia

Unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. McWarner M.D.

Address 1133 Valley St

Date July 3 1906

Place of Burial Holy Cross

Date July 4th 1906

Undertaker Henry C. Wiedefield

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91385

City of Baltimore, (No. 1817, Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia T. Austin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 25 (Day) 1834 (Year)

AGE: 72 years, 1 months, 7 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balt. Co Md

FULL NAME OF FATHER: Samuel Wilkinson

BIRTHPLACE OF FATHER (State or country): Maryland Baltimore Co

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Baltimore Co Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1817 Aisquith St

Filed 7/3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to July 2 1906

that I last saw h[er] alive on July 1 1906,

and that death occurred, on the date stated above, at 5.40 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia

5 yrs (DURATION) DAYS

Contributory Arteria

(DURATION) 2 DAYS

(Signed) J. T. Corbin M. D.

July 3 1906 (Address) 1904 E. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greens Church Balto Co

DATE OF BURIAL: July 4 1906

UNDERTAKER: H. C. Windefeld

ADDRESS: 914 Gruenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm B. Hitchcock

{Residence, if in Baltimore, Give Street and Number.} 1728 E. Lafayette Ave

Duration of Residence in Baltimore. Unknown B 91386

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 28 - 1873

AGE 33 years, 3 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm H. Hitchcock

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A. Nelson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1728 E. Lafayette Ave

Filed 7/3 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2d 1906

I HEREBY CERTIFY, That I attended deceased from Ad Lemon 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 330 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Shock following Effects of Drink

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schutz M.D.

Address 29 W. Lanvale Coroner

Date July 2d 1906

Place of Burial London Park

Date July 4 — 1906

Undertaker H. C. Windefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 East St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary C. MacGregor.

{Residence, if in Baltimore, Give Street and Number.} 426 East St.

Duration of Residence in Baltimore. Life B 91387

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH 1871

AGE 35 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel McCourt

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary McCabe

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard McCourt

(Address) 461 Greenmount Ave.

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 2 1906 that I last saw h[illegible] alive on July 2 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure. Anem. Neuritis and fright following boys arrest.

(DURATION) 1 DAYS

Contributory (Primary) General debility

(DURATION) [illegible] DAYS

(Signed) M-L. Todd. M.D.

Address 1202 E Monument St

Date July 2 1906.

Place of Burial Catholic Cemetery

Date July 4 1906

Undertaker H. C. Niedfeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Littleton Johnson.

{Residence, if in Baltimore, Give Street and Number.} 702 Fairmount Ave.

Duration of Residence in Baltimore. Life. B91388

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto.

DATE OF BIRTH ..... 1 .....

AGE 23 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Major Johnson.

BIRTHPLACE OF FATHER (State or country) Calvert Co Md.

MAIDEN NAME OF MOTHER Hannah Woolford

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John F. Boyles

(Address) Md Penitentiary

Filed 7/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from May 18 1906 to July 1 1906, that I last saw h.. alive on June 30 1906, and that death occurred, on the date stated above, at 2.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

Coma

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Theodore Bruce M.D.

Address 100 N. Charles St.

Date July 1 1906

Place of Burial Mt Auburn Cemetery

Date July 4 1906

Undertaker Geo H Hooper

Address 609 Little Pacca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

186

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91389

City of Baltimore, (No. 1306 W Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary H. Gill

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov (Month) 26 (Day) 1824 (Year)

AGE 81 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) London Co. Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss Martha Carlisle

(Address) 1306 W. Lexington

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from In about to one year that I last saw h alive on June 29 1906, and that death occurred, on the date stated above, at 3:30 A.M. The CAUSE OF DEATH was as follows:

General Debility
Senility Arm. plegia
Around yrs (DURATION) 2 DAYS

Contributory —
(DURATION) DAYS

(Signed) W. B. Carter M. D.

July 3 1906 (Address) 867 Hartman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem | DATE OF BURIAL July 4th 1906

UNDERTAKER Geo J Smith Co | ADDRESS W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

186

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Wills

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 41 yrs. B91398

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Holliday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to July 2 1906

that I last saw h..... alive on July 2 1906

and that death occurred, on the date stated above, at 5 00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asterio sclerosis

Cardiac hypertrophy

Chronic passive Congestion

..... (DURATION) ..... DAYS

Contributory (Primary.) Cardiac

dilatation ..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Bay View Asylum

Date July 2 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 3 - 1906

Undertaker William H. Woodin

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

187

91391

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CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Clara

Full Name Baby Jones -

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B 91391

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July - 1 - 1906

AGE: ..... years, ... months, 10 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Bernard Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clara Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Jones

(Address) 937 Vincent - St.

Filed 7/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July - 1 - 1906

I HEREBY CERTIFY, That I attended deceased from July - 1 1906 to July 1 1906

that I last saw him alive on July 1 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hereditary Syphilis

(DURATION) 10 hrs-days

Con'tributory (Primary.)

(DURATION) ... Yrs.

(Signed) M. W. Short M.D.

Address Md Homoeopathic Hospital

Date July 2nd 1906

Place of Burial

Date JUL 3 - 1906 1906

Undertaker

Address Health Department

HARRY C. ANDREWS, PERMIT CLERK.

Commissioner Health

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Flood

{ Residence, if in Baltimore, Give Street and Number. } Iron Branch

Duration of Residence in Baltimore, Iron Branch B91392

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - - - -

OCCUPATION OF DECEASED: Telephone Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kilen

(Address) Carlisle, Pa.

Filed 7/3 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from fracture of skull + other injuries

(DURATION) DAYS

Contributory (Primary) Fall from train (accident) (DURATION) DAYS

(Signed) Benj. D. Haughton M.D.

Address 108 N. Eutaw Street

Date July 3 1906

Place of Burial St Peters Cemetery

Date July 5 1906

Undertaker Wm. J. McKewen & Sons

Address Lawrence & Saca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91393

Registered No. B .....

City of Baltimore, (No. 1503 Park ave ; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Chandler Gantt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 30 (Day) 1882 (Year)

AGE: 24 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Edward C. Gantt.

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Annie Pettebone

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md

OCCUPATION OF DECEASED: Nothing for last two years. At sea before this.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gale

(Address) 1503 Park ave

Filed July 4 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2nd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 26, 1906 to July 2 1906.

that I last saw him alive on July 1 1906,

and that death occurred, ~~on the date stated above~~, at 5 am

M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. S. Baer, M. D.

July 3 1906 (Address) 714 Park avenue

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 4 1906

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W. Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N. Calhoun St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Worthington

{ Residence, if in Baltimore, Give Street and Number. } 120 N. Calhoun St.

Duration of Residence in Baltimore. 18 Years. B 91394

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 12 1850

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bulls County

FULL NAME OF FATHER: Joseph Worthington

BIRTHPLACE OF FATHER (State or country): Crawford County

MAIDEN NAME OF MOTHER: Sarah K Price

BIRTHPLACE OF MOTHER (State or country): Bulls County

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ina Worthington

(Address) 120 N. Calhoun St.

Filed July 4th 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 9 1906 to July 2 1906

that I last saw h.. alive on July 2 1906

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 18 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. B. Brantflem M.D.

Address 422 Hanover St

Date July 3d 1906

Place of Burial Loudan Park.

Date July 5th 1906

Undertaker E. M. Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 S Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelia Balsamo

{Residence, if in Baltimore, Give Street and Number.} 16 S. Carlton

Duration of Residence in Baltimore. life B91395

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	White
DATE OF BIRTH	June 1st 1906
AGE	....years, 1 months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Louis Balsamo
BIRTHPLACE OF FATHER (State or country)	Sicily
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) Calhoun & Hollins Sts

Filed July 4 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 3 1906

that I last saw h— alive on July 3 1906,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hrs DAYS

Contributory (Primary.) Pertussis

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date July 3 1906

Place of Burial St Vincent Cem

Date 7-4 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 919 Plum alley B91396 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Deshields

{Residence, if in Baltimore, Give Street and Number.} 919 Plum alley

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: ....

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Chas. Lee

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Sarah Deshields

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Deshields

(Address) 919 Plum al

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906.

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 3 1906.

that I last saw her alive on July 2 1906,

and that death occurred, on the date stated above, at 2.35 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) F. Edwards Am L. M.D.

Address 530 Hanover St

Date 7/3/1906. 190

Place of Burial Mt Auburn

Date July 4 1906

Undertaker Jno. A. Deadrick

Address 520 Scott St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91397

City of Baltimore, (No. 890, Clifford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Clayton Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: March (Month) 14 (Day) 1906 (Year)

AGE: ..... years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Butler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Clayton

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Butler

(Address) 890 Clifford St

Filed 7/4 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 2 1906

that I last saw him alive on July 2 1906,

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Acute intestinal Colitis

..... (DURATION) 4 DAYS

Contributory ~ (DURATION) ..... DAYS

(Signed) D. S. Friedrich M. D.

July 3 1906 (Address) 603 S. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 4 1906

UNDERTAKER: Jno A. Tordin — ADDRESS: 206 Curtis St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 91398 Registered No. B 91398

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1906 D. Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Holmes Hackett

{Residence, if in Baltimore, Give Street and Number.} 1906 D. Hill Ave.

Duration of Residence in Baltimore. Life B91398

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH March 12, 1906

AGE ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Butler City

FULL NAME OF FATHER Alex. Hackett.

BIRTHPLACE OF FATHER (State or country) Harford Co.,

MAIDEN NAME OF MOTHER Laura Upthur,

BIRTHPLACE OF MOTHER (State or country) Middlesex Co., Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Hackett

(Address) 1906 D. Hill Ave

Filed 7/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1906

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to June 27 1906 that I last saw h in alive on June 27 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Disorders of Nutrition

(DURATION) 3 DAYS

Contributory (Primary.) Prematurity (Sno. chief) + Marasmus (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Madison Ave

Date July 3 1906

Place of Burial Mount Auburn Cemetery

Date July 4 1906

Undertaker John H Owens & Son

Address 1222 Druid St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 2614 Gouy 27 St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 91399

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Agul

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 29 April (Month) (Day) 1821 (Year)

AGE: 85 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G P Paulus

(Address) 2101 Fredk Ave

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906 that I last saw h alive on July 2 1906 and that death occurred, on the date stated above, at 3.20 P. M. The CAUSE OF DEATH was as follows:

Heart Prostration

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) J B Joyce M.D.

July 2 1906 (Address) 1052 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Over

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 4 1906

UNDERTAKER: Mrs. Geo. P. Paulus

ADDRESS: 2101 Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 S. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Marriott 391 400

{Residence, if in Baltimore, Give Street and Number.} 28 S. Fulton Ave

Duration of Residence in Baltimore. Seventeen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): A. A. Co —

FULL NAME OF FATHER: Edward Marriott.

BIRTHPLACE OF FATHER (State or country): A A County.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Marriott

(Address) 28 S. Fulton Av.

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday July 3d 1906

I HEREBY CERTIFY, That I attended deceased from June 24th 1906 to July 3d 1906 that I last saw him alive on July 2nd 1906 and that death occurred, on the date stated above, at 6.17 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) Radical DAYS

Contributory (Primary.) Acute Bronchitis

(DURATION) 9 DAYS

(Signed) C. Bosley M.D.

Address 607 N. Charles St

Date July 3d 1906

Place of Burial Loudon Park C.

Date July 5 1906

Undertaker Wm Cook.

Address 1012 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91401 — Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Weymouth

{Residence, if in Baltimore, Give Street and Number.} 1308 Sargeant St

Duration of Residence in Baltimore. 35 yrs

B 91401

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24 1858

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Jacob D Smith

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Weymouth

(Address) 1308 Sargeant

Filed 7/4 1906 HARRY O. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to July 2 1906

that I last saw him alive on July 1 1906

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Entritis

(DURATION) 11 DAYS

Contributory (Primary.) Stomatitis (DURATION) 2 DAYS

(Signed) Edw Grumpton M.D.

Address 517 Lexington

Date July 3 — 1906

Place of Burial Loudon Park

Date July 4 1906

Undertaker Wm Cook

Address 502 E Madison

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and place of birth** of the deceased, and the **cause and date of death**.

1906 #8 58

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1085 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Jefferies.

{Residence, if in Baltimore, Give Street and Number.} 1085 W. Fayette St.

Duration of Residence in Baltimore. Life B 91402

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Don't Know

AGE: 49 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimor Md.

FULL NAME OF FATHER: John H. Jefferies

BIRTHPLACE OF FATHER (State or country): Baltimor Md.

MAIDEN NAME OF MOTHER: Elizabeth Schaffer

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Virginia Lee Jefferies Wife.

(Address) 1085 W. Fayette St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2. 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 2 1906 that I last saw him alive on July 1 1906, and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure.

(DURATION) ____ DAYS

Contributory (Primary.) Dysentery.

(DURATION) 14 DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 So Charles St

Date July 2 1906.

Place of Burial Mt Olivet

Date July 4 1906

Undertaker Lowe Cook & Houston

Address 50 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1052 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Christine Nichols

{Residence, if in Baltimore, Give Street and Number.} 1052 N. Gay St

Duration of Residence in Baltimore. Life

B 91403

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 17 1905
AGE	1 years, 2 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Nelson
BIRTHPLACE OF FATHER (State or country)	Sweeden
MAIDEN NAME OF MOTHER	Elizabeth Hunter
BIRTHPLACE OF MOTHER (State or country)	Annapolis Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Nelson

(Address) 1052 N. Gay St

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 3 1906

that I last saw her alive on July 3 1906

and that death occurred, on the date stated above, at 9.20 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastro-Enteritis Infection

(DURATION) DAYS

Con'ributory (Primary.) Collapse

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1057 Augusta St

Date July 4th 1906

Place of Burial Baltimore Cemetery

Date July 4th 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Maria Morwickel

{ Residence, if in Baltimore, Give Street and Number. } 236 N Chester

Duration of Residence in Baltimore. since birth 8/9/06

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH Sept 20 1905	
AGE ..... years, 9 months, 13 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER Andrew L. Morwickel	
BIRTHPLACE OF FATHER (State or country) Norway	
MAIDEN NAME OF MOTHER Julia [illegible]	
BIRTHPLACE OF MOTHER (State or country) Baltimore	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew L Morwickel

(Address) 236 N Chester St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 3 1906 that I last saw her alive on July 2 1906, and that death occurred, on the date stated above, at 12:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 8 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date July 3 1906

Place of Burial Trinity Cemetery

Date July 4th 1906

Undertaker J. C. Schuh & Son

Address 1735 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Calvin A. Hetzelberger

{Residence, if in Baltimore, Give Street and Number.} 800 N. Chester

Duration of Residence in Baltimore. Lifetime B91705

PERSONAL AND STATISTICAL PARTICULARS

SEX Male ~~Female~~ | COLOR White

DATE OF BIRTH 1906

AGE ..... years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George Hetzelberger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Wittenberger Schmanno

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hetzelberger

(Address) 800 N. Chester St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 2 1906 that I last saw h— alive on July 2 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Cholerica

(DURATION) 2 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baer St

Date July 4 1906

Place of Burial Conradis cemetery

Date July 4th 1906

Undertaker F. C. Schuch & Son

Address 1735 Alice anna st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilma M. A. Fischer

{Residence, if in Baltimore, Give Street and Number.} 845 W. Franklin st

Duration of Residence in Baltimore. lifetime B 91406

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 30th 1902

AGE 3 years, 9 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo. Fischer

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Elizabeth Ullrich

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Fischer

(Address) 845 W. Franklin St.

Filed 7/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2d 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1905 to July 2 1906 that I last saw h er alive on July 1 1906, and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Multiple Neuritis

(DURATION) one year DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Swigwald M.D.

Address 57 N. Washington St.

Date July 3d 1906

Place of Burial London Park Cemetery

Date July 4th 1906

Undertaker Georg Benz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91407

Registered No. B.....

City of Baltimore, (No. 1530 E. Baltimon St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Kaufman

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 17 (Day) 1904 (Year)
AGE	1 years, 11 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimon City
FULL NAME OF FATHER	Mat Kaufman
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Rosa Kerschentsaum
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben 1st Kaufman

(Address) 1530 Eutaw St.

Filed 7/4 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 4 1906

that I last saw him alive on July 4 1906,

and that death occurred, on the date stated above, at 7.45 A.M. The CAUSE OF DEATH was as follows:

Entero - Colitis
Exhaustion

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) E. A. Muñoz M. D.

July 4 1906 (Address) 1801 Guilford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rosedale Phil. Pa.	July 4 1906
UNDERTAKER	ADDRESS
M. Dayle & Son	17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 N. Dolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Frederick & Elizabeth Brown

{ Residence, if in Baltimore, Give Street and Number. } 616 N. Dolton st

Duration of Residence in Baltimore. Life

B 91 408

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: June 28th 1906

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frederick Brown

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Elizabeth Pendleton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Brown

(Address) 616 Dolton St.

Filed 7/4 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h..... alive on ..... 190...,

and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Carlton)

Date July 3rd 1906

Place of Burial Mt. Auburn Cem.

Date July 4th 1906

Undertaker Jam's H. Chadwick

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 781 Church St. Catonsville St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Supt. of Hattie Jackson

{ Residence, if in Baltimore, Give Street and Number. } 781 Church St. Catonsville

Duration of Residence in Baltimore. Life B91709

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: June 24th 1904	
AGE: ..... years, ... months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: John Conley	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Hattie Jackson	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Jackson

(Address) 781 Church St

Filed 7/4 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental fall of bed in which the child was with its mother ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Sidney Baldwin M.D.

Address 700 Log. av. (Corner)

Date July 2nd 1906

Place of Burial St Peters Cemetery

Date July 4th 1906

Undertaker Geo M Rudelmoos Jr

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91410

CERTIFICATE OF DEATH.

(Place of Death.) No. 2133 W Lepington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hoelbacher

{Residence, if in Baltimore, Give Street and Number.} 2133 W Lepington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3rd 1906

AGE: ..... years, ... months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: L E Hoelbacher

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: L S Harvey

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Hoelbacher

(Address) 2133 W Lepington St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 4th 1906

that I last saw h~~im~~ alive on July 3rd 1906

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia — heart failure

(DURATION) 1 DAYS

Con'ributory (Primary.) Uncompleted fetal life. (DURATION) DAYS

(Signed) Wm. Nicholas M.D.

Address 30 N. Fulton Ave.

Date July 4th 1906

Place of Burial London Park Cem.

Date July 4th 1906

Undertaker John J. Conran

Address 901 Hollins St

Dr Nicholas 2 cases Mon London

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Fulton Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Viola Mulligan

{ Residence, if in Baltimore, Give Street and Number. } 1815 Fulton Terrace

Duration of Residence in Baltimore. 25 yrs. B91411

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored.

DATE OF BIRTH 1

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Mack Diggs

BIRTHPLACE OF FATHER (State or country) Calvert County

MAIDEN NAME OF MOTHER Sarah Bowyer

BIRTHPLACE OF MOTHER (State or country) Calvert County

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C Shannon MD

(Address) 1442 Pressman St

Filed 7/4 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1905 to July 2 1906

that I last saw h— alive on July 1st 1906.

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (General)

(DURATION) 9 mos. DAYS

Contributory (Primary.) Heat - prostration

(DURATION) 2 DAYS

(Signed) Geo C Shannon M.D.

Address 1442 Pressman St

Date Baltimore Md July 2 1906

Place of Burial Mt Pion Cemetery

Date July 4 1906

Undertaker Wm J Johnson

Address 1400 N Calhoun St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorthy Madden

{Residence, if in Baltimore, Give Street and Number.} 1359 Stricker St.

Duration of Residence in Baltimore. Life B91412

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): USA

FULL NAME OF FATHER: John William

BIRTHPLACE OF FATHER (State or country): USA

MAIDEN NAME OF MOTHER: Edith Madden

BIRTHPLACE OF MOTHER (State or country): USA

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Turner

(Address) 1359 Stricker St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 3rd 1906

that I last saw h[illegible] alive on July 2nd 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) N. C. Hough M.D.

Address 1922 Pa Ave

Date July 3rd 1906

Place of Burial Mt Prospect

Date July 4 1906

Undertaker Wm. Johnson

Address 1400 N. Caltamore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9145 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 S Spring St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Fredricka Rochner —

{ Residence, if in Baltimore, Give Street and Number. } 320 S Spring St -

Duration of Residence in Baltimore. 55 yrs - B 9145

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 23rd 1830
AGE	75 years, 7 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August W. Rochner

(Address) 1017 Stiles St.

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 — 1906

I HEREBY CERTIFY, That I attended deceased from June 2 — 1906 to July 1 — 1906 that I last saw h- or alive on July 1 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Marasmus

Cerebral Hemorrhage

1 Month — (DURATION) DAYS

Contributory (Primary.) Carcinoma pancreas

— One Day — (DURATION) DAYS

(Signed) J. C. Mansfield — M.D.

Address 1712 Bank

Date July 1 — 06 — 1906

Place of Burial Trinity Cemetery

Date July 4th 1906

Undertaker H. Lander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91414

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1733 Canton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zygmund Szczerbicki

{Residence, if in Baltimore, Give Street and Number.} 1733 Canton av

Duration of Residence in Baltimore. Life time B91414

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: March 7 1906

AGE: ..... years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Szczerbicki

BIRTHPLACE OF FATHER (State or country): Poland Austria

MAIDEN NAME OF MOTHER: Josefa Krzyzynska

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Karol Rymiewicz

(Address) 1710 Ashburton St

Filed 7/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 2nd 1906 that I last saw him alive on July 2nd 1906, and that death occurred, on the date stated above, at 11. P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion

(DURATION) 8 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) S. J. Szymanski M.D.

Address 922 S. Ann

Date July 4th 1906

Place of Burial Holy Rosary

Date July 5th 1906

Undertaker Jacob Siaskowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. [redacted] Burrough St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Anton Bubczik

{ Residence, if in Baltimore, Give Street and Number. } [redacted] Burrough St

Duration of Residence in Baltimore. Always

B 91415

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 3 1906

AGE — years, 6 months, — days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER John Bubczik

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Cecilia Stilz

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andre Stilz

(Address) [redacted] Burrough St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 2 1906

that I last saw him alive on July 2 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum (DURATION) 3 DA

Contributory (Primary.) (DURATION) DA

(Signed) Skaluweit M.

Address 1510 E. Fort Ave

Date July 4 1906

Place of Burial Holy Rosary

Date July 5 th 1906

Undertaker Jacob Frankowsky

Address 728 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91416

City of Baltimore, (No. 305 E. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Still

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 11 (Month) 12 (Day) 1886 Year)

AGE 19 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm. H. Still

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mulligan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Shirt Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Still

(Address) 305 E Hamburg St

Filed 7/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1906 to July 3 1906

that I last saw h[illegible] alive on July 3 1906,

and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 110 DAYS

Contributory (DURATION) DAYS

(Signed) Geo. L. Dunn M. D.

7/6 1906 (Address) 721 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL July 5 1906

UNDERTAKER W. H. M. G. Flynn

ADDRESS 426 West St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2216 Essex St —

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Michael Garnowicz

{ Residence, if in Baltimore, Give Street and Number. } 2216 Essex St.

Duration of Residence in Baltimore. Life

B91417

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 13 1904

AGE: ..... years, 21 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Garnowicz.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Wagrezyn.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Garnowicz.

(Address) 2216 Essex St

Filed 7/4 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 3 1906

that I last saw him alive on July 2 1906

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

4 (DURATION) DAYS

Contributory (Primary) Bronchitis

(DURATION) DAYS

(Signed) Chas A Mey M.D.

Address 619 E Pat Park Av

Date July 3rd 1906

Place of Burial Holy Rosary.

Date Wednesday July 4th 1906

Undertaker M F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 Canton Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Buczkowske —

{ Residence, if in Baltimore, Give Street and Number. } 2126 Canton Ave —

Duration of Residence in Baltimore. life

B 91418

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 23 " 1890

AGE: 16 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Frank Buczkowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Buczkowski

(Address) # 2126 Canton Ave

Filed 7/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3/06 — 190

I HEREBY CERTIFY, That I attended deceased from March 20 1906 to July 3 1906

that I last saw her alive on June 30 1906,

and that death occurred, on the date stated above, at 1 —

364 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Hemod.

Contributory (Primary.) Exhaustion (DURATION) DAYS

(DURATION) DAYS

(Signed) Thos O'Brien M.D.

Address 713 Canton

Date July 4/06. 190

Place of Burial Holy Rosary.

Date Thursday July 5 " 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1439 Argyle Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Infant ~~Child~~ Son of Wm. G. and Lillian May Creamer

{ Residence, if in Baltimore, Give Street and Number. } 1439 Argyle Ave

Duration of Residence in Baltimore. Lifetime B 914 19

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 1906

AGE: ..... years, ... months, 2½ hours ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Creamer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Herring

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Creamer

(Address) 1439 Argyle Ave

Filed July 4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 3 - 1906 to July 3 - 1906

that I last saw him alive on July 3 - 1906

and that death occurred, on the date stated above, at 11-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth at 7 months.

Lived 2½ hrs. (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date July 3 - 1906

Place of Burial Loudon Park

Date July 4th 1906

Undertaker H. Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 743 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Walsh

{ Residence, if in Baltimore, Give Street and Number. } 743 Bradley St

Duration of Residence in Baltimore.....

B91420

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fse

COLOR: Collard

DATE OF BIRTH: ....1....

AGE: ....years, 4 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Levie West

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hattie Inlock

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie West

(Address) 748 Bradley St

Filed July 4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 2 1906

that I last saw her alive on July 1 1906,

and that death occurred, on the date stated above, at 4 o'clock M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 2 weeks (DURATION) DAYS

Contributory (Primary.) Hemorrhage

about 2 weeks (DURATION) DAYS

(Signed) A. K. Hosier M.D.

Address 1125 S. Bond St

Date July 4 1906

Place of Burial Mt Auburn cemetery

Date July 4 1906

Undertaker Moore & Hosier

Address 1299 Fitts Point

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

169

CERTIFICATE OF DEATH.

Registered No. B 91421

City of Baltimore, (No. 1309 Hradison ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma L. Hepperla

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: White

DATE OF BIRTH: April (Month) 11 (Day) 1906 (Year)

AGE: — years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Walter C Hepperla

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Emma L. Bell

BIRTHPLACE OF MOTHER (State or country): York Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter C Hepperla

(Address) 1309 Hradison ave

Filed July 4 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 9 M. The CAUSE OF DEATH was as follows:

Child death suddenly from Effects of Heat & Cut over 3 hours (DURATION) — DAYS

Contributory — (DURATION) — DAYS

(Signed) Chas. H. Tilley M. D.

7-4 1906 (Address) 1113 Hradison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 4 1906

UNDERTAKER: Jos B Cook — ADDRESS: 1003 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY ...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 91422

Registered No. B .....

City of Baltimore, (No. 233 Old Frederick Rd St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia V. Harvey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 2 (Month) 13 (Day) 1906 (Year)

AGE: ..... years, 4 1/2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Marion H Harvey

BIRTHPLACE OF FATHER (State or country): Northumberland Co Va

MAIDEN NAME OF MOTHER: Francis M Donaldson

BIRTHPLACE OF MOTHER (State or country): Thorpsberg Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wtan MD

(Address) 1901 W Fayette

Filed July 4 1906 WM. J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 3 1906 that I last saw h.. alive on July 3 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum
Exhaustion

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Joseph Wtan M. D.

July 4 1906 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Northumberland Co Va. — DATE OF BURIAL: July 5 1906

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Union Protestant Infirmary, Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Butler B91423

{ Residence, if in Baltimore, Give Street and Number. } Clear Spring

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, 8 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ____

FULL NAME OF FATHER: Wm. Butler

BIRTHPLACE OF FATHER (State or country): ~~Wm. Butler~~

MAIDEN NAME OF MOTHER: ____

BIRTHPLACE OF MOTHER (State or country): ____

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Riggs.

(Address) 1514 Division St

Filed July 4 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 4 1906

that I last saw him alive on July 4 1906

and that death occurred, on the date stated above, at 1

a. m. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis - Septicemia

(DURATION) 3 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 5 DAYS

(Signed) F. Riggs M.D.

Address 1514 Division St

Date July 4 1906

Place of Burial Clear Spring Md

Date July 6 1906

Undertaker John E Houghton

Address 1425 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1616 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helena Kulakowska B 91424

{Residence, if in Baltimore, Give Street and Number.} 1616 Eastern av

Duration of Residence in Baltimore. Life time B-91424

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 25 1906

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Josef Kulakowski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Marie Glazewska

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Kulakowski

(Address) 1616 Eastern ave

Filed July 4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 D 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 4 1906 that I last saw h er alive on July 4 1906 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Diarrhoea (DURATION) 3 DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) S J Szwalski M.D.

Address 722 S. Ann st

Date July 4 D 1906

Place of Burial Holy Rosary

Date July 5th 1906

Undertaker Jacob Fialkowski

Address 428 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91425

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Balto City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Dwyer

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore. - - - B91425

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 65 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) - - -

MAIDEN NAME OF MOTHER - - - -

BIRTHPLACE OF MOTHER (State or country) - - -

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.S. Hunkin

(Address) 408 S. Eutaw St

Filed July 5th 1906

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate) Valvular disease of heart

(DURATION) - DAYS

Contributory (Primary.) Senility

(DURATION) - DAYS

(Signed) B.S. Hunkin M.D.

Address 408 S. Eutaw St

Date July 4 1906

Place of Burial London Park

Date July 5 1906

Undertaker Upton & Lenore 1st & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 208 N. Pine B19426 St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Leroy P. Mowbray

{Residence, if in Baltimore, Give Street and Number.} 208 N. Pine St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch 25 1906.

AGE: 1 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Prior

BIRTHPLACE OF FATHER (State or country): not Known

MAIDEN NAME OF MOTHER: Florence Mowbray

BIRTHPLACE OF MOTHER (State or country): Forks - Balto Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Mowbray

(Address) 208 N. Pine St.

Filed July 5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906.

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4th 1906.

that I last saw he alive on July 3 1906,

and that death occurred, on the date stated above, at 3 30 A.M. CAUSE OF DEATH (Secondary or Immediate

Gastro Enteritis (DURATION) 2 DAYS

Contributory (Primary.)

Stomatitis (DURATION) 4 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave

Date July 4th 1906

Place of Burial Mount Calvary

Date 7-5- 1906

Undertaker Robt Brookes

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

91427
CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margrath Hayden

{ Residence, if in Baltimore, Give Street and Number. } 2126 Cambridge St

Duration of Residence in Baltimore. Life. 891427

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 11 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hayden

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Daley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hayden

(Address) 2126 Cambridge St

Filed July 5th 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 4 1906

that I last saw h[illegible] alive on July 3 1906,

and that death occurred, on the date stated above, at 11:36 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastero Enteritis

(DURATION) 7 DAYS

~~Contributory~~ (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date July 4, 06 1906

Place of Burial Sweet Home Cem

Date July 5 1906

Undertaker Wendell Dippel & S

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91428

City of Baltimore, (No. 1416 W. Franklin St.; ~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa May Schlickenmaier

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: Female	COLOR: White	DATE OF DEATH: July (Month) 4 (Day) 1906 (Year)
DATE OF BIRTH: June (Month) 12 (Day) 1905 (Year)		I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 4 1906
AGE: 1 year, X months, 22 days		that I last saw her alive on July 4 1906, and that death occurred, on the date stated above, at 1.40 P. M. The CAUSE OF DEATH was as follows:
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~		Cholera Infantum
BIRTHPLACE (State or country): Balto. Md		(DURATION) 4 DAYS
FULL NAME OF FATHER: Louis Schlickenmaier		Contributory ~ (DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Maryland		(Signed) Louis N Eastman M. D.
MAIDEN NAME OF MOTHER: Rosa Franz.		July 4 1906 (Address) 1505 Edmondson
BIRTHPLACE OF MOTHER (State or country): Wheeling Va		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
OCCUPATION OF DECEASED: ~		Former or Usual Residence ..... How long at Place of Death? ..... Days
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) Louis Schlickenmaier (Address) 1935 White St		Where was disease contracted, if not at place of death?
Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar		PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: July 5 1906
		UNDERTAKER: Geo J Smith Co ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2825 Rayner Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Dukehart

{ Residence, if in Baltimore, Give Street and Number. } 2825 Rayner Ave.

Duration of Residence in Baltimore. Life time B 91429

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 2 1905

AGE — years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto., Md.

FULL NAME OF FATHER Geo. J. Dukehart

BIRTHPLACE OF FATHER (State or country) Balto., Md.

MAIDEN NAME OF MOTHER Beatrice McDonald

BIRTHPLACE OF MOTHER (State or country) Balto., Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dukehart.

(Address) 2825 Rayner Ave.

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 4 1906

that I last saw her alive on July 3 1906.

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 9 DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 9 DAYS

(Signed) Henry C. Ahle M.D.

Address 1203 W. Fayette St

Date July 4 — 1906

Place of Burial Cathedral Cemetery

Date July 5, 1906

Undertaker Henry W. Means and Sons

Address 505 Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91430

City of Baltimore, (No. 807 Columbia Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theadore A Bafford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 22 nd (Month) (Day) 1906 (Year)

AGE: ..... years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo A. Bafford

BIRTHPLACE OF FATHER (State or country): Calvert County Md

MAIDEN NAME OF MOTHER: Elezibeth A Breeden

BIRTHPLACE OF MOTHER (State or country): Calvert County Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knell

(Address) 917 Columbia Ave

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 3 1906 that I last saw h im alive on July 3 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 1 DAY

Contributory Exam'n

(DURATION) 1 DAY

(Signed) L E Muse M. D.

July 4 1906 (Address) 1515 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Western Cemetary

DATE OF BURIAL: July 5 1906

UNDERTAKER: A Knell & Son

ADDRESS: 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 331 Dawson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse Williams

{ Residence, if in Baltimore, Give Street and Number. } 331 Dawson alley

Duration of Residence in Baltimore. Ten months. B 91431

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: September 2nd 1906

AGE: ..... years, 10 months, 1 day.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: William Henry Williams

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Sadie Collins

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Williams

(Address) 331 Dawson Alley

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

I (DURATION) ½ DAYS

Con'tributory (Primary) Intestinal Inflamation (Enteritis) (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date July 4/ 1906

Place of Burial Mt Auburn Cemetery

Date July 5 1906

Undertaker Wm. H. Hooper

Address 609 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or of the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 938 N. Chester St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elmer Leroy Lowe

{Residence, if in Baltimore, Give Street and Number.} 938 N. Chester St.

Duration of Residence in Baltimore. Lifetime B91432

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3rd 1905

AGE: 1 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry Lowe

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Daisy Walstrom

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Lowe

(Address) 938 N Chester St

Filed 7/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 — 1906

I HEREBY CERTIFY, That I attended deceased from April 15 1906 to July 4 1906 that I last saw him alive on July 4 1906 and that death occurred, on the date stated above, at 11-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Illeo-colitis

(DURATION) 10 DAYS

Contributory (Primary.) Whooping cough

(DURATION) 65 DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St

Date July 5 1906

Place of Burial Greenmount Cem

Date July 6 1906

Undertaker Geo M. Frick

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 91433 64

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C. McLaughlin

{ Residence, if in Baltimore, Give Street and Number. } 1409 York Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 1 21 1835

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wm McLaughlin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Lefteman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Geo Faulkner

(Address) 509 Franklin Street

Filed 7/5 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3 1906

I HEREBY CERTIFY, That I attended deceased from Apr. 21 1906 to July 3 1906

that I last saw her alive on July 3 1906

and that death occurred, on the date stated above, at 6 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) 5½ Mo ~~DAYS~~

Contributory (Primary.) Pulmonary

Oedema (DURATION) DAYS

(Signed) Geo. A. Dorsey M.D.

Address City Hospital

Date July 3rd 1906

Place of Burial Loudon Cemetery

Date July 5 1906

Undertaker Wm Tuckner Sons

Address Carlton & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Henry Faulkner - Upper Marlboro

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91434

CERTIFICATE OF DEATH.

(Place of Death.) No. 331. N. Fulton ave St. 19

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. P. Cross

{ Residence, if in Baltimore, Give Street and Number. } 331. N. Fulton ave

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct-6 1843

AGE 72 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Walter Cross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sara Holland

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clinton Cross

(Address) 331 N Fulton ave

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from C. C. Cross 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 a M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

Sudden

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) years DAYS

(Signed) C. Francis Jones M.D.

Coroner Bmd

Address

Date July 4th 1906

Place of Burial London Park Cem

Date July 5th 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1138 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hildigard P Austine

{ Residence, if in Baltimore, Give Street and Number. } 1138 Columbia ave

Duration of Residence in Baltimore.

B 91435

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: dec 15 1905

AGE: ..... years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1138 Columbia ave

FULL NAME OF FATHER: Harry C. Austine

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Emma J. Meade

BIRTHPLACE OF MOTHER (State or country): Del

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Austine

(Address) 1138 Columbia ave

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from June 4 1906 to July 3 1906

that I last saw her alive on July 1 1906,

and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 29 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) TB Hall M.D.

Address 1417 Windsor

Date July 3 1906

Place of Burial Western Cemetery

Date July 5 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH. 91436

113

(Place of Death.) No. Union Protestant Infirmary 1514 Division St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name William Wheeler

{Residence, if in Baltimore, Give Street and Number.} 1026 N. Fulton Ave., Baltimore Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 10 1840
AGE	66 years, 5 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	David Wheeler
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wheeler

(Address) 1026 N Fulton

Filed 7/5 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906.

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to July 4 1906 that I last saw him alive on July 4 1906, and that death occurred, on the date stated above, at 7:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gall stones with acute pancreatitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Riggs M.D.

Address at 1514 Division St

Date July 4th 1906

Place of Burial Taunton Mass

Date July 1906

Undertaker J. Tracey & Sons

Address Cathedral & Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91437

City of Baltimore, (No. 548 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin L. Turner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 27 (Day) 1842 (Year)

AGE: 64 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: B. L. Turner

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Turner

(Address) 548 N Fulton ave

Filed 7/5 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3d 1906 to July 4 1906

that I last saw him alive on July 3 1906,

and that death occurred, on the date stated above, at 2.30 a. m. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

about 8 mos. (DURATION) DAYS

Contributory Coma

(DURATION) One DAY

(Signed) Edw. A. Rummens M. D.

July 4 1906 (Address) 539 N. Fulton.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 6 1906

UNDERTAKER: Maurice C Sisler

ADDRESS: Hoge N North ave

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2nd Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Susan Coskeans

{Residence, if in Baltimore, Give Street and Number.} 707 N. Saratoga St.

Duration of Residence in Baltimore. B91438

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 11 1853

AGE 53 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Grimes

BIRTHPLACE OF FATHER (State or country) Phil Pa

MAIDEN NAME OF MOTHER Susan Delahay

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Goldsborough

(Address) 30 E. First St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 3 1906 that I last saw her alive on July 3 1906, and that death occurred, on the date stated above, at 3-00 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis of Vessels of brain.

? (DURATION) ? DAYS

Contributory (Primary.) Meningitis

(DURATION) ? DAYS

(Signed) C. C. Langley M.D.

Address 2nd. Gen. Hospital

Date July 3 1906

Place of Burial Baltimore Cemetery

Date July 5 1906

Undertaker J. Kinnane & Co

Address 754 W. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Reid

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 60 days. B91439

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lamar Hollyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 7/5/06 190..

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 1 1906

that I last saw h.. alive on July 2 1906

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) W M Quinan M.D.

Address Bay View Asylum

Date July 2 1906

Place of Burial Baltimore Cemetery

Date July 5" 1906

Undertaker Evans & Spence

Address 1000 E Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91440

City of Baltimore, (No. 1265, Columbia ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Robert Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December (Month) 9 (Day) 1906 (Year)

AGE: 7 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob T Adams

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary E Reed

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Leo R. Grahame

(Address) 725 Columbia ave

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 3 1906

that I last saw him alive on July 2 1906,

and that death occurred, on the date stated above, at 10 15 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 17 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) Leo R Grahame M. D.

July 4 1906 (Address) 725 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 5 1906

UNDERTAKER: J B Cook — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 237 Jackson st — Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Gang

{Residence, if in Baltimore, Give Street and Number.} 254 Jackson st Homestead

Duration of Residence in Baltimore. Lifetime B91441

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Janry 1 1906

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Gang

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Rosa Schmid

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother of Child

(Address)

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to July 4 1906

that I last saw h— alive on July 4 1906,

and that death occurred, on the date stated above, at 12:50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Hyman Wellmuth M.D.

Address 237 Gorsuch ave

Date July 4 1906

Place of Burial Baltimore Cemetery

Date July 5 1906

Undertaker Henry Houck & Son

Address 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward ..... 2 ..... 91442 Registered No. B 118

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Federal Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Kohlerman

{ Residence, if in Baltimore, Give Street and Number. } 705 N. Gay St.

Duration of Residence in Baltimore. Life - B91442

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, 11 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Nicholas J. Kohlerman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Garais

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. J. Kohlerman

(Address) 705 N. Gay St.

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3d 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 3 1906

that I last saw h-e alive on July 3d 1906

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma.

(DURATION) 1 DAYS

Contributory (Primary) Acute Cardiac Failure

Valvular Disease (DURATION) 3 DAYS

(Signed) H. Roy Berg M.D.

Address 1 Fulton Street

Date July 3 1906

Place of Burial Holy Redeemer Cemetery

Date July 6th 1906

Undertaker Henry Hoch & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1511 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. Edward Burns Blankner

{Residence, if in Baltimore, Give Street and Number.} 1511 W. Lexington St

Duration of Residence in Baltimore. B91443

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 3" 1875

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Winchester Va

FULL NAME OF FATHER: Frederick Blankner

BIRTHPLACE OF FATHER (State or country): Winchester Va

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G his Mother.

(Address) 1511 Lexington St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from Feby 15 1906 to July 4 1906 that I last saw him alive on July 4 1906, and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

Since Feby 14/06 (DURATION) DAYS
(and without [illegible] previously)
Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date July 4 1906

Place of Burial Winchester Va

Date July 6" 1906

Undertaker N. S. Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 11 Stafford Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Helen Wilson

{Residence, if in Baltimore, Give Street and Number.} 11 Stafford Lane

Duration of Residence in Baltimore. Life

B91444

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: June 6 1906	
AGE: ..... years, 1 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Thomas Wilson	
BIRTHPLACE OF FATHER (State or country): Somerset Co Md	
MAIDEN NAME OF MOTHER: Emma Watts	
BIRTHPLACE OF MOTHER (State or country): Calvert Co Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Wilson

(Address) 11 Stafford Lane

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4 1906 that I last saw h.. alive on July 3 1906 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.)

Tuberculosis (DURATION) 7 DAYS

(Signed) Harry C. Baker M.D.

Address Irvington

Date July 4 1906

Place of Burial Colored Oddfellows Cem: Catonsville Md

Date July 5 1906

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Randall

{Residence, if in Baltimore, Give Street and Number.} 32 N. Bruce

Duration of Residence in Baltimore. Life B91445

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1.....

AGE ..... years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Batchelder

BIRTHPLACE OF FATHER (State or country) West Penn Md

MAIDEN NAME OF MOTHER Lillie Randell

BIRTHPLACE OF MOTHER (State or country) West Penn Md

OCCUPATION OF DECEASED — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Randell

(Address) 32 N. Bruce St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 05

I. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. Francis Jones M.D.

Address Coroner

Date July 4th 190 6

Place of Burial Mount Auburn Cem

Date July 5th 1906

Undertaker John H Owen & Son

Address 1122 Penrose Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2318 Hunter's Alley St. (If Death occurred in Hospital or Institution, Give Its Name instead of Street and Number)

Full Name Mary Elizabeth Thomas

{Residence, if in Baltimore, Give Street and Number.} 2318 Hunter's Alley.

Duration of Residence in Baltimore. Life-time B91446

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col'd

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Thomas

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Gariana Adamus

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 7/5 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 3 1906 that I last saw h[illegible] alive on July 3 1906, and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate) Infantile convulsions

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Robt. G. Chunell M.D.

Address 424 East 23 St

Date July 3 1906.

Place of Burial Mount Zion

Date July 5 1906

Undertaker James H Dennis

Address 1332 Pressman st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91447

91447

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1919 W. Lombard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Elizabeth Lotz

{Residence, if in Baltimore, Give Street and Number.} 1919 W. Lombard st.

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 16th 1842

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Earnest-Frank

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob G. Lotz

(Address) 1919 W. Lombard

Filed July 5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1906

I HEREBY CERTIFY, That I attended deceased from March 10th 1906 to July 3rd 1906 that I last saw her alive on July 2nd 1906, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senice Debility

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 100 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st.

Date July 3rd 1906

Place of Burial London Park Cem

Date July 6th 1906

Undertaker C. F. McCormick

Address 1729 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91448

City of Baltimore, (No. 592, Union St, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Bannister

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: col

DATE OF BIRTH: Dont Know (Month) (Day) 1 (Year)

AGE: 13 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: Wm Bannister

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A T Brohawn

(Address) 107 N Stricker

Filed July 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 3 1906 that I last saw h alive on June 30 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 6 months (DURATION) ~~DAYS~~

Contributory

(DURATION) DAYS

(Signed) C. M. Cook M. D.

July 5 1906 (Address) 1101 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 5 1906

UNDERTAKER: J A Brohawn

ADDRESS: 107 N Stricker

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — Registered No. B 91449

30

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mulligan

{Residence, if in Baltimore, Give Street and Number.} 224 N. Patterson Park Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 4th 1876

AGE: 29 years, 11 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Mulligan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Rosenthal

(Address) 502 Grove St

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2" 1906

I HEREBY CERTIFY, That I attended deceased from Feb 19 1906 to July 2 1906 that I last saw her alive on July 2 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Potts Disease
Renal Phthisis

(DURATION) DAYS

Contributory, (Primary.)

(DURATION) DAYS

(Signed) John McT. Reyland M.D.

Address Johns Hopkins Hospital

Date July 2 1906

Place of Burial [redacted] Holy Cross

Date July 6th 1906

Undertaker John A. Moran

Address Bank & Caton Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

171

CERTIFICATE OF DEATH.

(Place of Death.) No. Winans Cove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank C Schieck.

{Residence, if in Baltimore, Give Street and Number.} 1527 Light St

Duration of Residence in Baltimore. Life B91450

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 4 1881
AGE	24 years, 11 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	William Schieck
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Elizabeth Roth
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Head Steward Str Essex

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schieck (mother)

(Address) 1527 Light St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to ~~.....~~ 190

that I last saw h~~.....~~ alive on ~~.....~~ 190~~.....~~

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Death.

Struck by lightning while in Gasoline Launch Nina

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Reinhardt M.D.

Coroner

Address

Date July 5. 1906

Place of Burial Louden Park

Date July 6th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 E Fort ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Emma E. Soleidt

{Residence, if in Baltimore, Give Street and Number.} 426 E Fort ave

Duration of Residence in Baltimore. Lifetime B91451

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 35 July 1871

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John M. Millenbury

BIRTHPLACE OF FATHER (State or country): German

MAIDEN NAME OF MOTHER: Mary C. Lines

BIRTHPLACE OF MOTHER (State or country): German

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary L. Divirny

(Address) 425 E. Fort ave.

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to July 1 1906

that I last saw him alive on June 30 1906

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 6 DAYS

Con'tributory (Primary.) Bright's disease Indefinite

(DURATION)

(Signed) Harry Gross M.D.

Address 1340 S Charles st

Date July 3 1906

Place of Burial Cedar Hill

Date July 5th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91452

City of Baltimore, (No. 424, N. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mica Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 54 years, — months, ... days

~~SINGLE, MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Rachel Blackstone

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Blake

(Address) 1500 Jefferson St

Filed 7/5 1906 HARRY C. ANDRAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from for about one month 190 to July 3 1906

that I last saw h e alive on July 1 1906,

and that death occurred, on the date stated above, at 11.2° A.M. The CAUSE OF DEATH was as follows:

Epithelioma of lower jaw about six months.

(DURATION) DAYS

Contributory Shock (DURATION) DAYS

(Signed) Wm. C. White M. D.

July 4 1906 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Gloster Co Va Mt Olivet | DATE OF BURIAL July 5 1906

UNDERTAKER R. A. Elliott | ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

91453

29

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Doe

{Residence, if in Baltimore, Give Street and Number.} S.S. Ely - (British Steamer)

Duration of Residence in Baltimore. —

B 91453

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col.
DATE OF BIRTH	1
AGE	28 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Africa
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dr Shipley

(Address) University Hosp

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to July 4 1906

that I last saw h[illegible] alive on July 4 1906

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

— Peritonitis tuberculous.

(DURATION) 30 DAYS

Contributory (Primary.) Strangulated Hernia (DURATION) 5 yrs.

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date July 5 1906

Place of Burial St. Peters Cem

Date July 5 1906

Undertaker Robt Cook

Address 1003 E. Baltd St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Smith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy C Lyons

{Residence, if in Baltimore, Give Street and Number.} 1405 Smith St

Duration of Residence in Baltimore. Life B91454

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1906

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Lyons

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lillie Chasley

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Lyons

(Address) 1405 Smith St

Filed 7/5 1906. HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4 1906 that I last saw h im alive on July 3 1906, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary) Cholera Infantum

(DURATION) 2 DAYS

(Signed) John F Buck M.D.

Address 647 N. Lafayette Ave

Date July 5 1906

Place of Burial St. Peters Cemetery

Date July 5th 1906

Undertaker Wm. B. Pue

Address 210 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

172

(Place of Death.) No. S W corner of Boulin & Glenarm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard L Kolb

{ Residence, if in Baltimore, Give Street and Number. } 727 S Dallas St

Duration of Residence in Baltimore. Life B91455

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Chas. L. Kolb.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Ann Hopkins

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Kolb

(Address) 727 S. Dallas.

Filed 7/5 1906

MARY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h— alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Ludlow Conner M.D.

Address 320 ½ Greene St.

Date July 4 = 1906

Place of Burial Holy Redeemer

Date July 6 1906

Undertaker Wendell Lifsey & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name** or other person supposed to be deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1010 Fawn St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jenine Foglia

{ Residence, if in Baltimore, Give Street and Number. } 1010 Fawn St

Duration of Residence in Baltimore. life B91456

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 10 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Domick Foglia

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Domk Foglia

(Address) 1010 Fawn St

Filed 7/5 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from June 2 1906 to July 4 1906

that I last saw h[illegible] alive on July 4 1906.

and that death occurred, on the date stated above, at 1.45 P. M. 1.45

CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Aortic Stenosis (DURATION) 2 yrs DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) M Mitchell M.D.

Address 827 Cresgnich St

Date July 5. 06 1906

Place of Burial Holy Rosary Cem.

Date July 1906

Undertaker Wendell Dippel & Co

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 323 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Miletska

{Residence, if in Baltimore, Give Street and Number.} # 323 S. Durham St.

Duration of Residence in Baltimore. Life time B91457

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Butte Mt.

FULL NAME OF FATHER: John Miletski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Michalina Kowalewska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miletski

(Address) 329 S. Durham St

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4 1906 that I last saw h er alive on July 4 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Reisberger M.D.

Address 709 Alice Anna St.

Date July 4 1906

Place of Burial St. Stanislaus

Date Thursday July 5" 1906

Undertaker W. F. Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D .....

91458

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Holoubek

{ Residence, if in Baltimore, Give Street and Number. } 415 N. Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	1 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Antonin Holoubek
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Mary Zida
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonin Holoubek

(Address) 415 N. Madeira St

Filed 7/5 1906

BARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4. 1906

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 4th 1906 that I last saw h[illegible] alive on July 4 1906, and that death occurred, on the date stated above, at 12.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 6 hours

Contributory (Primary.) Intestinal Colitis

(DURATION) 4 DAYS

(Signed) Chas. B. Fisher M.D.

Address 830 N Broadway

Date July 4 1906

Place of Burial Loudon Park

Date July 6 1906

Undertaker Frank Brooks

Address 1917 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 930. Fell St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stefan Inovata

{Residence, if in Baltimore, Give Street and Number.} 930 Fell St

Duration of Residence in Baltimore. Life

B 91459

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Inovata

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Sophie Mareš

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sophie Inovata

(Address) 930 Fell St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1906

I HEREBY CERTIFY, That I attended deceased from July 3, 1906 to July 4 1906 that I last saw him alive on July 4 1906, and that death occurred, on the date stated above, at 10:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion (DURATION) ... DAYS

(Signed) Geo. Fuller M.D.

Address 1937 Gough St

Date July 6th 1906

Place of Burial Woodbourne

Date July 6 1906

Undertaker Frank Grach

Address 1905 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

169

(Place of Death.) No. 922 Linden Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Schantz.

{Residence, if in Baltimore, Give Street and Number.} 922 Linden Ave,

Duration of Residence in Baltimore. 52 years. B9146

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 15th 1827

AGE 79 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schantz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Nees

(Address) 922 Linden ave.

Filed 7/5 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd, 1906

I HEREBY CERTIFY, That I attended deceased from July 29th 1901 to July 3rd, 1906 that I last saw h[illegible] alive on July 3rd, 1906. and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pleuric Fever, with gradual failure of respiration and Cardiac action.

(DURATION) 2 DAYS

Contributory (Primary.) Infirmities of old age, (DURATION) 5 years

(Signed) Wm E. Miller M.D.

Address 2239 Pennsylvania Ave,

Date July 3rd, 1906

Place of Burial Baltimore Cemetery

Date July 6th 1906 190

Undertaker Philip Secrest & Son

Address 119 S. Eutaw St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland Wyse

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life B91461

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: May 17 1906

AGE: — years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1906

I HEREBY CERTIFY, That I attended deceased from May 18 1906 to July 3 1906 that I last saw him alive on July 2 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

(DURATION) 46 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date July 3/ 1906

Place of Burial COLLEGE OF P. & S.

Date JUL 5- 1906 1906

Commissioner of Health,

Undertaker

Address

M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 1 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1639 Foreman's Court. St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Hughes Robinson

{Residence, if in Baltimore, Give Street and Number.} 1639 Foreman's Court.

Duration of Residence in Baltimore. —

B 91462

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	July 4 1906
AGE	3 hours. (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Harry Hughes
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Bertha Robinson
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Robinson

(Address) 1639 Foreman's Court.

Filed 7/5 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 4 1906 that I last saw h[illegible] alive on July 4 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) W. Ellicott Tyson M.D.

Address 622 W. Lombard St.

Date July 4th 1906

Place of Burial COLLEGE OF P. & S.

JUL 5 - 1906

Date 190

Undertaker Commissioner Health.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

188

Ward ..... 91463 Registered No. B 91463

CERTIFICATE OF DEATH.

(Place of Death.) No. 1068½ Granby St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Leah Abramson

{Residence, if in Baltimore, Give Street and Number.} 1068½ Granby St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: Sept 1906	
AGE: 10 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Sam Abramson	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Becky Silverman	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Abramson

(Address) 1068½ Granby St

Filed 7/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 5 1906

that I last saw her alive on July 4 1906

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Enteritis

(DURATION) 6 DAYS

(Signed) J. Hartman M.D.

Address 16 S Broadway

Date July 5 1906

Place of Burial Shaw Hebrew Cem Rosedale

Date July 5th 1906

Undertaker Max Levinson

Address 113 S Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

188

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1730 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward R. Hanigan

{Residence, if in Baltimore, Give Street and Number.} 1730 E Lanvale

Duration of Residence in Baltimore. Since birth B91464

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 12th 1905

AGE: ..... years, 7 months, 22 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Philip A Hanigan

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Grace V. Waltemyer

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip A Hanigan

(Address) 1730 E Lanvale st

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 5 1906

that I last saw him alive on July 5 1906

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Enteritis

(DURATION) 2 DAYS

(Signed) A E Wegforth M.D.

Address 1207 E Monument

Date July 5 1906

Place of Burial London Park Cemetery

Date July 7th 1906

Undertakers George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8

CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Edward Railey

{Residence, if in Baltimore, Give Street and Number.} 2023 Etting St.

Duration of Residence in Baltimore. Life B91465

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 28 1905

AGE: 1 years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Railey

BIRTHPLACE OF FATHER (State or country): Queen Annes Co Md

MAIDEN NAME OF MOTHER: Hattie Handy

BIRTHPLACE OF MOTHER (State or country): Queen Annes Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Railey

(Address) 2023 Etting St

Filed 7/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 5 1906

that I last saw h[illegible] alive on July 5 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis

(DURATION) 14 DAYS

Contributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) I. E. Dunbar M.D.

Address 2506 Penna Ave

Date Balto July 5 1906

Place of Burial Mt Auburn

Date July 6th 1906

Undertaker Felix B Pyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 N. Pamish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Velort Butler

{ Residence, if in Baltimore, Give Street and Number. } 804 N. Pamish st.

Duration of Residence in Baltimore. Life. B91466

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Apr 2nd 1906

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas. Butler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lizzie Thomas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Butler.

(Address) 804 N. Pamish St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4th 1906

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 4 1906

that I last saw h[illegible] alive on July 4 1906.

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 7 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Link M.D.

Address 1313 W North ave

Date July 5th 1906

Place of Burial Mt. Auburn Cem

Date July 5th 1906

Undertaker Sam'l. L. Case

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9140?

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1107 Watson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Goldstein

{Residence, if in Baltimore, Give Street and Number.} 1107 Watson St

Duration of Residence in Baltimore. life time B91467

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR white

DATE OF BIRTH ..../1/..... 1.....

AGE ..... years, 1 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Amerika

FULL NAME OF FATHER Mikil Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Janie Hirsand

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Bloom

(Address) 32 Henry & Lemmon

Filed July 6th 1906

HENRY [illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from April 10, 1906 to July 5 1906

that I last saw her alive on July 5 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

3 months 5 DAYS (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Friede M.D.

Address 1119 E Balto. St

Date July 5 1906

Place of Burial Tulip Hill Rosedale

Date July 6th 1906

Undertaker Max Levinson

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91468

City of Baltimore, (No. 1223 Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Von Munchow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1906 (Year)

AGE: ____ years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Information refused

BIRTHPLACE OF FATHER (State or country): Information refused

MAIDEN NAME OF MOTHER: Louisa G. Von Munchow

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa G. Von Munchow

(Address) 1223 Wilcox St.

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2d 1906 to July 5 1906 that I last saw him alive on July 5 1906, and that death occurred, on the date stated above, at 10.20 A. M. The CAUSE OF DEATH was as follows:

Malnutrition

(DURATION) ? DAYS

Contributory Exhaustion

(DURATION) ____ DAYS

(Signed) L. M. C. Tucker M. D.

July 5 1906 (Address) 1057 Argyle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Parkesville Hartford Co Md | DATE OF BURIAL: July 6 1906

UNDERTAKER: Geo. M. Fink | ADDRESS: 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91469

City of Baltimore, (No. 216 Friendship Ave St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh V. Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1884 (Year)

AGE: 22 years, 0 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City - Md.

FULL NAME OF FATHER: Luke Clark

BIRTHPLACE OF FATHER (State or country): Belair Ohio

MAIDEN NAME OF MOTHER: Cecilia Davis

BIRTHPLACE OF MOTHER (State or country): Morgan - W. Va.

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Clark

(Address) 216 Friendship St

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 18th 1906 to July 4 1906 that I last saw him alive on July 3 1906, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Exhaustion Duration

(DURATION) 30 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) About 2 yrs. DAYS

(Signed) William J. Tillbury M. D.

July 4th 1906 (Address) 2801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Vincents Cemetery

DATE OF BURIAL: July 7 1906

UNDERTAKER: Edw A Byrne

ADDRESS: 302 S Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2303 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Margaret Bacon

{Residence, if in Baltimore, Give Street and Number.} 2303 N. Calvert

Duration of Residence in Baltimore. Lifetime B91470

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: May 16 1843

AGE: 63 years, one month, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Rullman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~Germany~~

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Byrne

(Address) 302 n Gay St

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to July 4 1906 that I last saw h~~er~~ alive on July 4 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Brights Disease

Five years (DURATION) DAYS

(Signed) Dr James Bacon M.D.

Address 2303 n Calvert St

Date July 4 1906

Place of Burial Cathedral Cemetery

Date July 6 1906

Undertaker Edw C Byrne

Address 302 n Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 91471 Registered No. 2

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 301 E. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Bradley

{Residence, if in Baltimore, Give Street and Number.} Balto. City, 301 E. Payson St.

Duration of Residence in Baltimore. Lifetime B91471

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Chas Bradley

BIRTHPLACE OF FATHER (State or country): Balto., Md

MAIDEN NAME OF MOTHER: Mary Rushneck

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 301 E. Payson St.

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 5 1906

that I last saw h[illegible] alive on July 5, 1906

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible] Broadway

Date July 6, 1906

Place of Burial St Peters Cemetery

Date July 6 1906

Undertaker John J. Fields

Address 1600 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91472

City of Baltimore, (No. 815 Light St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna Dewa

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: 3 (Month) 20 (Day) 1904 (Year)

AGE: 2 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Dewa

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Lillian Guidotti

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dewa

(Address) 818 Light St

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30th 1906 to July 4th 1906

that I last saw her alive on July 3rd 1906.

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Enteritis & Bronchitis

(DURATION) 11 DAYS

Contributory Exhaustion & Prostration from

(DURATION) days

(Signed) F. X. Wiley M. D.

July 5th 1906 (Address) 7 W. N. Avenue

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: July 6 1906

UNDERTAKER

ADDRESS

Armstrong Denny Co.
715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91473

City of Baltimore, (No. 899 N. Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Schaefline

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	White
DATE OF BIRTH	Dec (Month) 8 (Day) 1843 (Year)
AGE	63 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Weigel

(Address) 899 N. Wolfe St

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to July 4 1906 that I last saw h[er] alive on July 3 1906, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Paralysis Agitans 3 yrs (DURATION) DAYS

Contributory Anaemia Progressive 1 yr (DURATION) DAYS

(Signed) H. Roeder M. D.

July 5 1906 (Address) 1904 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnadier	July 6 1906
UNDERTAKER	ADDRESS
J. J. Kerr	1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Francis Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Potter

{ Residence, if in Baltimore, Give Street and Number. } Annapolis Road Balto Co

Duration of Residence in Baltimore.

B91474

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 13 1851

AGE 54 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER Benjamin Hynes

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Ann Pocock

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lapp

(Address) 854 St Paul

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6 1905 to July 5th 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate

Concussion of Brain

Traumatic Peritonitis

Shock - accidentally fell out 2nd Story Window

(DURATION) DAYS

After Taken on Annapolis Road while suffering with Peritonitis

Contributory (Primary) (DURATION) DAYS

(Signed) Irving C. Jones M.D.

Coroner 2nd

Address

Date July 5th 1906

Place of Burial Western Cemetery

Date July 7 1906

Undertaker Jos. B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City [If

SEX

DATE

AGE

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HEALTH DEPARTMENT, CITY ...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Registered No. B 91475

City of Baltimore, (No. 3016 Edmondson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence Elmer Lohn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 1 (Day) 1906 (Year)

AGE: — years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Christian Lohn

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ada Rigby

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 3016 Edmondson.

Filed 7/6 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 4 1906

that I last saw him alive on July 4 1906,

and that death occurred, on the date stated above, at 9 20 A. M. The CAUSE OF DEATH was as follows:

Cerebral Meningitis

(DURATION) 2 DAYS

Contributory Whooping Cough - Enteritis 4 wks 4 or 6 days

(DURATION) DAYS

(Signed) Chas. Parker M. D.

7/6 1906 (Address) 3111 N. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 6 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Dr. Mc

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

106

CERTIFICATE OF DEATH.

(Place of Death.) No. Rebecca Cohen · 309 S. Eden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Cohen B91476

{ Residence, if in Baltimore, Give Street and Number. } 619 S Eden st

Duration of Residence in Baltimore. 10 Years in Balto.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis wender

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: annie Edlowitch

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) moses Cohen

(Address) 309 S. Eden st

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday July 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to July 5th 1906

that I last saw h.r alive on July 5th 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Two DAYS

Contributory (Primary.) Rheumatoid Arthritis

acute Ileo Colitis (DURATION) ..... DAYS

(Signed) ..... M.D.

Address 607 N. Charles St.

Date July 6th 1906.

Place of Burial Chula vista cemetery

Date July 6 1906

Undertaker Max Levinson

Address 1138 Lore st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 91477

City of Baltimore, (No. Mercy & St. Chas Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin Allen.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. (Month) 1st. (Day) 1905 (Year)
AGE	0 years, 10 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	Unknown.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Powell.

(Address) N. & C. Hosp.

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to July 4 1906

that I last saw h[illegible] alive on " " 1906,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Has been Marantic since birth - has gradually grown weaker for past month. (DURATION) 1 DAYS

Contributory Exhaustion. (DURATION) DAYS

(Signed) John Ruhrah M. D.

July 4 1906 (Address) 839 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 6 1906
UNDERTAKER	ADDRESS
C. H. Blizzard.	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91478

City of Baltimore, (No. 1320 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morgan Sanders

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 7th 1845 (Month) (Day) (Year)

AGE: 61 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Sanders

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Anne Kincaid

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin S. George

(Address) Forest Park

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6" 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to July 5 1906 that I last saw him alive on July 5 1906, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

congestion of the brain

1 months (DURATION) ____ DAYS

Contributory Pott's disease engaged since childhood (DURATION) ____ DAYS

(Signed) John D. Kemp M. D.

July 7 1906 (Address) 1425 Eutaw P

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Greenmt Cemetery

DATE OF BURIAL: July 7 1906

UNDERTAKER: Stewart & Mowry

ADDRESS: 215 Parkway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 5147

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 N Parrish ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Jamison

{Residence, if in Baltimore, Give Street and Number.} 307 N. Patterson St

Duration of Residence in Baltimore. Life B 91479

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ... 1906

AGE ... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Jones

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Ella Howard

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jones Father

(Address) 307 N. Parrish St

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date July 6 1906

Place of Burial Mt Auburn Cem

Date ... 1906

Undertaker Peter B Bay

Address 1210 Milton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, *sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAL

NO

C

City of Baltimore, (No

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

PERSONAL AND S

SEX Male

DATE OF BIRTH ... (M

AGE 61 years,

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ba

FULL NAME OF FATHER Geo

BIRTHPLACE OF FATHER (State or country) Ba

MAIDEN NAME OF MOTHER Ann

BIRTHPLACE OF MOTHER (State or country) Ba

OCCUPATION OF DECEASED Me

THE ABOVE STATED PERSON BEST OF MY KNOWLEDGE

(Informant) Fra

(Address) Fa

Filed 7/6 1906

Ward 1 91480 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Coyle

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: June 21. 1906

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2nd 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 4th 1906 that I last saw h[illegible] alive on July 4th 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fiaschi M.D.

Address 106 E. Read St

Date July 2nd 1906

Place of Burial New Cathedral

Date July 6th 1906

Undertaker Martin Gahey & Sons

Address 626 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 91481

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct Infant asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas F. Potts,

{Residence, if in Baltimore, Give Street and Number.} St. Vincts Inf. asylum.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	May 28 1906
AGE	..... years, 1 month, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from June 21 1906 to July 5 1906

that I last saw h[illegible] alive on July 4 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H Hayward M.D.

Address 1230 N. Caroline St

Date July 5 1906

Place of Burial New Cathedral

Date July 6th 1906

Undertaker Martin Dahey & Son

Address 606 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BA

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91482

City of Baltimore, (No. 1745 Clarkson St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia C. Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April (Month) 1 (Day) 1906 (Year)

AGE ..... years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER David N. Gordon

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth L. Budeke

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David N. Gordon

(Address) 1745 Clarkson St.

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 5 1906 that I last saw her alive on July 5 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 2 DAYS

Contributory acute Intestinal Indigestion (DURATION) 7 DAYS

(Signed) W. E. L. Campbell M. D.

July 5 1906 (Address) 1644 N Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Western | DATE OF BURIAL July 7th 1906

UNDERTAKER Jos. Stuntebeck | ADDRESS 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2[illegible] 91483 Regi[illegible]

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Shackespear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josepha Klusrezenska

{Residence, if in Baltimore, Give Street and Number.} 1612 Shackespear

Duration of Residence in Baltimore. Life time B91483

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 22 1905

AGE: ..... years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Klusrezenski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Maryanna Rozwlowski

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maryanna Swiecinska

(Address) 1612 Shackespear St

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to July 4 1906

that I last saw h[illegible] alive on July 4 1906,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 14 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 6 DAYS

(Signed) S. J. Szymanski M.D.

Address 722 S. Ann St

Date July 6th 1906

Place of Burial St Stanislaus

Date Saturday July 7th 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 91484

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 602 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Naomi Dunbett

{Residence, if in Baltimore, Give Street and Number.} 602 Bradley st

Duration of Residence in Baltimore. Life

B 91484

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 1 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Francis Dunbett	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Violet Diggs	
BIRTHPLACE OF MOTHER (State or country): Pa	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dunbett

(Address) 602 Bradley st

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 700 Lan. av. Canton

Date July 5th 1906

Place of Burial Laurel Cemetery

Date July 6 1906

Undertaker E. E. Ellis

Address 502 Pennsylvania ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 0 91485

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 807 McKim ~~McKim~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Elizabeth~~ Allen

{Residence, if in Baltimore, Give Street and Number.} 807 McKim Street

Duration of Residence in Baltimore. Since birth. B91485

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo Allen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mamie Cummings

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Allen

(Address) 807 McKim St

Filed 7/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4th July 1906.

I HEREBY CERTIFY, That I attended deceased from 30-6-1906 to 4-7-1906 that I last saw him alive on 4-7-1906 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

about (DURATION) 7 DAYS

Con'tributory (Primary) Exhaustion

Orbis failure (DURATION) 7 DAYS

(Signed) E. W. Fox M.D.

Address 1418 Jefferson St

Date 5/7 1906.

Place of Burial Laurel Cem

Date July 6 1906

Undertaker Geo. T. Toadvine

Address 206 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

66

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91486

City of Baltimore, (No. 22 Clifton Av St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah B Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 30 (Day) 1843 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo. Ed. Griffith

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Galloway

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabelle Cook

(Address) 22 Clifton Ave

Filed 7/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 5 1906 that I last saw h er alive on July 5 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 2 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) D N Smith M. D.

July 6 1906 (Address) 206-31 Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Balto Cemetary | DATE OF BURIAL: July 7 1906

UNDERTAKER: Wm E Chenoweth & Son | ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 N Hopkins ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Everett Lowery

{Residence, if in Baltimore, Give Street and Number.} 1608 Hopkins av

Duration of Residence in Baltimore. B9/487

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 4 1905

AGE ..... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm S K Lowry

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Anna Russell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Russell

(Address) 1608 Hopkins av

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4 1906 that I last saw him alive on July 3 1906 and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of Brain — following a fall from its carriage to the Street on the afternoon of July 3'06 (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Wm J. Watson M.D

Address 5 W Preston St

Date July 5th 1906

Place of Burial Baltimore Cemetery

Date July 6 1906

Undertaker Wm J Schaffer

Address S. E. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Jane married 40 yrs

Ward 5 — 91488 — Registered No. B ....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Green

{Residence, if in Baltimore, Give Street and Number.} 1440 Hammond ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md. Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carullo M.D.
Coroners Phy

Address .....

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 - 1906 190

Undertaker Commissioner Health

Address Health Department

WM. J. G. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5-7-2
91

Ward ..... 91489 Registered No. B.....

169

CERTIFICATE OF DEATH.

(Place of Death.) No. Rich Johns Lane near 700 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Croker

{Residence, if in Baltimore, Give Street and Number.} Last known

Duration of Residence in Baltimore. Last known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: about 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

183 Burger

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 30 1906

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at ?

.....m. CAUSE OF DEATH (Secondary or Immediate)

Heat Stroke

Intercurrent

(DURATION) ..... DAYS

Contributory (Primary) Heat Stroke

(DURATION) ..... DAYS

(Signed) Sheldon Luethmann M.D.

Address 1818 E. Chase

Date Jul 5 06 190

Place of Burial To be buried JOHNS HOPKINS HOSPITAL JUL 6 - 1906

Date 190

Undertaker Commissioner Health.

Address Health Department W

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 103 Bartlett St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Carroll

{ Residence, if in Baltimore, Give Street and Number. } 103 Bartlett St

Duration of Residence in Baltimore. Life

B91490

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX M / COLOR C	DATE OF DEATH June 30 1906
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Jas Crowder 190 to 190
AGE 48 years, months, days	that I last saw h alive on 190,
SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known	and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Balto	Heart Disease
FULL NAME OF FATHER Not Known	Sudden (DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) "	Contributory (Primary) (DURATION) DAYS
MAIDEN NAME OF MOTHER "	(Signed) Patrick J Martin M.D.
BIRTHPLACE OF MOTHER (State or country) "	Address Coroner
OCCUPATION OF DECEASED Tabor	Date July 5 1906
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial JOHNS HOPKINS HOSPITAL JUL. 6 - 1906
(Informant)	Date 190
(Address)	Undertaker Commissioner Health,
Filed 7/6 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar	Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

83
Morgue

Ward 7 91491 Registered No. B 31[illegible]

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1331 Stafford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Stein

{Residence, if in Baltimore, Give Street and Number.} 1331 Stafford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Age 2 — 1831

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Stein

(Address) 1331 Stafford ave

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 1905 to July 5 1906 that I last saw him alive on July 5 1906, and that death occurred, on the date stated above, at 1045 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of the Heart

(DURATION) 36 hours

Contributory (Primary.) Chronic Valvular Disease of the Heart (DURATION) 14 years

(Signed) J C Knapp M.D.

Address 1714 E. Pratt St.

Date July 6 1906

Place of Burial Baltimore Cemetery

Date July 8 1906

Undertaker Robt J Lennon

Address Pikesville

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

91492

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1005 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Wrenisek

{ Residence, if in Baltimore, Give Street and Number. } 1005 Chesapeake st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Wirnsk

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Rzetcovna

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Wirnsk

(Address) 1005 Chesapeake St

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 6th 1906 that I last saw him alive on July 5th 1906, and that death occurred, on the date stated above, at 6:20 A. M. CAUSE OF DEATH (Secondary or immediate)

Gastro Enteritis (DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. A. Tracy M.D.

Address 2 Hudson St

Date July 6th 1906

Place of Burial St Stanislaus

Date Saturday July 7th 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 91435

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Eaton

{Residence, if in Baltimore, Give Street and Number.} 419 S. Chapel St

Duration of Residence in Baltimore.

B91493

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White.
DATE OF BIRTH: Oct 30, 1837	
AGE: 68 years, 9 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Maryland.	
FULL NAME OF FATHER: Edward Fitzpatrick	
BIRTHPLACE OF FATHER (State or country): Ireland.	
MAIDEN NAME OF MOTHER: ———	
BIRTHPLACE OF MOTHER (State or country): Ireland.	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thomas Eaton

(Address) 419 S. Chapel St.

Filed 7/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 4 1906 that I last saw her alive on July 4 1906, and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease
Chr. Valvular disease of heart.

((DURATION) ? DAYS

Contributory (Primary.) Cardiac failure

((DURATION) 1 DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hospital

Date July 4, 1906

Place of Burial St Patrick's Cem.

Date July 7th 1906

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91494

City of Baltimore, (No. 1741, Harford ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christine C. Colwell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 3, 1856 (Month) (Day) (Year)
AGE	50 years, 3 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Jacob Kesmodel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Louisa Miller
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Colwell, M.D.

(Address) 1741 Harford ave

Filed 7/6 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 27 1906 to July 4 1906.

that I last saw h alive on July 4 1906,

and that death occurred, on the date stated above, at 4.05 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of abdominal organs

(DURATION) DAYS

Contributory Exhaustion due to malignant abdominal

Dis of digestive organs (DURATION) DAYS

(Signed) D. W. Cathell M. D.

July 5 1906 (Address) 1308 N. Charles st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 7 1906
UNDERTAKER	ADDRESS
Henry Koch & Son	1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91495

City of Baltimore, (No. 17 E Lafayette Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas H Street

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 30 th (Day) 1847 (Year)

AGE: 59 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John R Street

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Hope

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: U S Revenue Dept

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Street

(Address) 17 E Lafayette ave

Filed 7/6 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6" (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1" 1906 to July 6 1906 that I last saw h[illegible] alive on July 5 1906, and that death occurred, on the date stated above, at 7 20 A. M. The CAUSE OF DEATH was as follows:

Stomach Cancer

(DURATION) 3 DAYS

Contributory Bright's Disease

(DURATION) DAYS

(Signed) [illegible] M. D.

July 6 1906 (Address) 16 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Monklin Md

DATE OF BURIAL: July 8th 1906

UNDERTAKER: A F Philbin

ADDRESS: Wm Ayden

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B 91496

City of Baltimore, (No. 424 Turner Pl. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 25th (Month) (Day) 1906 (Year)

AGE: ..... years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Clarence B. Miller

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dora E. Naylor

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora E. Miller

(Address) 424 Turner Pl.

Filed 7/6 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 5th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to ~~~ 190..

that I last saw her alive on July 5th 1906,

and that death occurred, on the date stated above, at 10.30 P.M. The CAUSE OF DEATH was as follows:

Chill (taken with convulsion on afternoon of July 5th 1906 (Primary Cause) Ex Exhaustion (Secondary Cause ..... (DURATION) 1 DAYS

Contributory Ill nourishment ..... (DURATION) ..... DAYS

(Signed) S. Butler Grimes M. D.

190.. (Address) 700 Maryland Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Glenwood Mem | DATE OF BURIAL: July 7th 1906

UNDERTAKER: C. A. F. Pulbrook | ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimor

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wi ***twenty-four hours after death,*** to the Undertaker, or other person superintending the bu can be ascertained, the full name, sex, age, condition (whether married or single) of the p the burial, a certificate setting forth, as far as the s the person deceased, and the cause and date of d

Ward 11 91497 Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 Gutman Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph E. Kilduff

{Residence, if in Baltimore, Give Street and Number.} 28 Gutman Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov 21st 1851
AGE	44 years, 7 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John Kilduff
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Emma Batchelor
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Kilduff

(Address) 28 Gutman Ave

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1905 to July 4th 1906

that I last saw h... alive on July 4th 1906,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Tosthenia

(DURATION) 3 hrs DAYS

Contributory (Primary.) Chronic Phthisis

3 years (DURATION) DAYS

(Signed) O. H. Duker M.D.

Address 928 E North Av

Date July 5th 1906

Place of Burial Holy Cross

Date July 1906

Undertaker C. P. Kiedefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 91498 — Registered No. B 91498

176

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno G. Gesswein

{Residence, if in Baltimore, Give Street and Number.} 603 Clement St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: Nov 1866

AGE: 40 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: Fredrich Gesswein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sallie Schuetter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis F Gesswein Brother

(Address) 1212 Light

Filed 7/6 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage due to punctured wound in abdomen

murder

(DURATION) days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date July 6 1906

Place of Burial CEDAR HILL.

Date JUL 9 1906 190

Undertaker Armstrong Penny Co.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91499 — Registered No. B 91499

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 843 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Schiener

{Residence, if in Baltimore, Give Street and Number.} 843 S Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1906

AGE: — years, 2 months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Schiener

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Agnes Orlakowski

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Schiener

(Address) 843 S Dallas St

Filed 7/6 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906

I HEREBY CERTIFY, That I attended deceased from 1906 to July 6 1906

that I last saw h— alive on July 5 1906,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

since Birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Kalenborn M.D.

Address 16 S Broadway

Date July 6 1906

Place of Burial St Stanislaus Cem

Date July 7 1906

Undertaker Wendell Dippel & S

Address 320 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91500 Registered No. B 91500

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 3138 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Wheatley

{Residence, if in Baltimore, Give Street and Number.} 3138 Fait Ave -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl Female | COLOR White

DATE OF BIRTH March 9th 1906

AGE ..... years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William A Wheatley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ester Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Wm A Wheatley

Filed 7/6 1906 3138 Fait ave

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 5th 1906 that I last saw her alive on July 5th 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 5 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. V. Atlee M.D.

Address 2 Hanover Bldg

Date July 6th 1906

Place of Burial Mt. Carmel.

Date JUL 7 - 1906 190 .....

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91501 Registered No. B 91501

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Bay View Asylum Insane Department St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary R. Derry

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 75 years. ..... months. ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Holliday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to July 5th 1906

that I last saw her alive on July 5-3 1906

and that death occurred, on the date stated above, at 5.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Cardiac Dilatation

(DURATION) 3 DAYS

Contributory (Primary.) Arterio Sclerosis (DURATION) Unknown

(Signed) Wm. Dewees Lee M.D.

Address Bay View Asylum

Date July 6th 1906

Place of Burial Mt Auburn

Date July 6 1906

Undertaker Wm. H. Holmes

Address 678 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th 91502 Registered No. B 20916

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Zimberg

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Samuel Zimberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachel Ida Frank

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Huckster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed July 7 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 6 1906 that I last saw h.. alive on July 6 1906, and that death occurred, on the date stated above, at 1.22 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

.....(DURATION) DAYS

Contributory (Primary.) Exhaustion

.....(DURATION) DAYS

(Signed) M. Hammond M.D.

Address Bay View Asylum

Date July 6 1906

Place of Burial Baltimore Hebrew Cem.

Date July 8 1906

Undertaker Mooslerin

Address 1138 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B 91503

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 Pennsylvania Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Deborah Francis,

{Residence, if in Baltimore, Give Street and Number.} 2016 Penna Ave

Duration of Residence in Baltimore.

B 91503

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sinclair

(Address) 2016 Penn. ave

Filed July 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to July 5 1906

that I last saw h.. alive on July 5 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(Duration) ..... Days

Contributory (Primary.)

(Duration) ..... Days

(Signed) Henry C. Houck M.D.

Address 1922 Penna Ave

Date July 6 1906

Place of Burial Mount Olivet

Date July 7 1906

Undertaker John E. Hough Co

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91504 — Registered No. B 91504

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 W. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthias Ammit (Ament)

{Residence, if in Baltimore, Give Street and Number.} 1124 W Fremont St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1838

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Ament

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schiele

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ament

(Address) 1124 N Fremont ave.

Filed July 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-4 1906

I HEREBY CERTIFY, That I attended deceased from 6-30 1906 to 7-4 1906

that I last saw h[illegible] alive on July 4 1906

and that death occurred, on the date stated above, at 11-10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy &

Brog[illegible] to disease with

other Complications

(DURATION) 64 hrs DAYS

Contributory (Primary.) Apoplexy

rush of Blood to Brain (DURATION) 64 Hours DAYS

(Signed) G. W. Kennard M.D.

Address 708 Enzor St

Date July 5 1906

Place of Burial Cedar Hill cem

Date July 7th 1906

Undertaker John E Howgh Co

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 91505

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulrich Lehner

{Residence, if in Baltimore, Give Street and Number.} 91505

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1820

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ulrich Lehner

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Anna Lehner

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Ste

Filed 7/7th 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on July 6 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.) Influenza

& (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley St

Date July 6 1906

Place of Burial Holy Cross

Date July 7th 1906

Undertaker Henry Wiedefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B 91506

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 W. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name L. Elizabeth Wahl

{Residence, if in Baltimore, Give Street and Number.} 402 W. Lombard st 91506

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 26 1906

AGE: ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward E. Wahl

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lillian Gontrum

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward E. Wahl

(Address) 402 W. Lombard st

Filed July 7 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 5 1906

that I last saw her alive on July 5 1906, @ 13

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 1 wk 5 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. E. Edwards M.D.

Address 915 Eutaw

Date July 6 1906

Place of Burial St Matthews Cemetery

Date July 7 1906

Undertaker W. J. C. Dulany & Son

Address Camden & Hach Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 91507

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 John St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine A. Butler

{Residence, if in Baltimore, Give Street and Number.} 1209 Mc Culloh st

91507

Duration of Residence in Baltimore. 68 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 19 1823

AGE: 83 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Jacob Zollinger

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Maria Stine

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Butler

(Address) 1209 Mc Culloh st

Filed 7/Feb. 1906

HARRY O'. ANDREWS, PERMIT CLERK. Registrar

Lath

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to July 6 1906

that I last saw h alive on July 6 1906

and that death occurred, on the date stated above, at 4 A

M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy & Heart

years (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James C. Clark M.D.

Address 1201 Madison Ave

Date July 6 1906

Place of Burial Greenmount Cemetery

Date July 8th 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91508

Ward 7 1

Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infie Brose

{Residence, if in Baltimore, Give Street and Number.} 522 Campbell

91508

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 17th 1901

AGE ..... years, 10 months, 19 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frederick Brose

BIRTHPLACE OF FATHER (State or country) Newark N J

MAIDEN NAME OF MOTHER Ella Daly

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Brose

(Address) 522 Campbell

Filed July 7th. 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Faith Dr Nurse

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to July 6 1906 that I last saw him alive on July 6 1906 and that death occurred, on the date stated above, at 4.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea & Enteritis

(DURATION) 6 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J. E. Imse M.D.

Address 535 Columbia Ave

Date July 6 1906

Place of Burial Mount Olivet

Date July 8th 1906

Undertaker John Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91509

Registered No. B.....

City of Baltimore, (No. 534, Tyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lester Briscoe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ,

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lester Briscoe

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 534 Tyson St

Filed 7/7th. 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 5 1906

that I last saw h— alive on July 5 1906,

and that death occurred, on the date stated above, at 4 50 A.M. The CAUSE OF DEATH was as follows:

D.B. Cholera Infantum

5 (DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) B O'B Browne M. D.

July 5 1906 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	July 7 1906
UNDERTAKER	ADDRESS
A T Caldwell	502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B 91510

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 324 Dover Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Savannah Arvin

{Residence, if in Baltimore, Give Street and Number.} 324 Dover St. 91510

Duration of Residence in Baltimore. 9 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: William Arvin

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Bertha Morton

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Arvin

(Address) 324 Dover St.

Filed 7/7th. 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....

and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis due to

Pneumonia

Jun da

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address

Date July 7 1906

Place of Burial Mt. Auburn Cem.

Date July 7 1906

Undertaker John H. Toadvin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21

Registered No. B 91511

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Carroll Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Thalheimer

{Residence, if in Baltimore, Give Street and Number.} 1410 Carroll Av.

Duration of Residence in Baltimore. Life

91511

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 13 1906

AGE: — years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Phillip Thalheimer

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Sarah H. Farr.

BIRTHPLACE OF MOTHER (State or country): Havre de Grace

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Thalheimer

(Address) 1410 Carroll St

Filed July 7th 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 6 1906

that I last saw him alive on July 6 1906,

and that death occurred, on the date stated above, at 10.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) 11 DAYS

Contributory (Primary.) Anhemia

(DURATION) 1 DAYS

(Signed) J. E. Mmm M.D.

Address 851 Columbia Ave

Date July 6 1906

Place of Burial Holy Redeemer

Date July 8 1906

Undertaker C. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

91512

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 N. Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beulah Selby

{Residence, if in Baltimore, Give Street and Number.} 109 N. Eden St

Duration of Residence in Baltimore. Life

91512

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto St

FULL NAME OF FATHER: Rhodrick Selby

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Selby

(Address) 109 N Eden St

Filed 7th 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred'k Carullner M.D.

Coroner

Address .....

Date July 7 — 06 1906

Place of Burial Asbury Cemetary

Date July 7 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 91513

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicodemus Braduras

{Residence, if in Baltimore, Give Street and Number.} 105 S Eutaw 91513

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 10. 1906

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Braduras

BIRTHPLACE OF FATHER (State or country): Lithenia

MAIDEN NAME OF MOTHER: Annie Cintkum

BIRTHPLACE OF MOTHER (State or country): Lithenia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Braduras

(Address) 105 S. Eutaw St

Filed 7/7th. 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 6 1906 that I last saw him alive on July 6 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date July 6 1906

Place of Burial St Stanislaus

Date July 8 1906

Undertaker Jacob Fraikowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17th

Registered No. B 91514

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Mc Donogh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Clifton Pinkney

{ Residence, if in Baltimore, Give Street and Number. } 812 Mc Donogh St

Duration of Residence in Baltimore. Life time

91514

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	July 5th 1906
AGE	18 years, 9 months, 19 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Joseph H. Pinkney
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Sarah Nelson
BIRTHPLACE OF MOTHER (State or country)	Country
OCCUPATION OF DECEASED	Stone Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Nelson Pinkney

(Address) 812 Mc Donogh st

Filed 7th 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 5 1906 that I last saw him alive on July 5 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) Alex A. Bagley M.D.

Address 727 N Broadway

Date 7/6 1906

Place of Burial Laurel

Date July 8th 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91515

Registered No. B .....

City of Baltimore, (No. ....., 952 Pear ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Wesley Tripp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Tripp

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary J Turner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leona Stewart (Niece)

(Address) 617 Jasper St.

Filed 7/7th. 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 3 1906 that I last saw him alive on July 3 1906, and that death occurred, on the date stated above, at 9.50 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

1 year (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Watts M. D.

July 6 1906 (Address) 1711 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Translents, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	July 9 1906
UNDERTAKER	ADDRESS
W. J. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

Registered No. B 91516

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 927 Elm Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reta Brown

{Residence, if in Baltimore, Give Street and Number.} 927 Elm Place

Duration of Residence in Baltimore Lifetime

91516

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH .....1.....

AGE 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Ballo

FULL NAME OF FATHER Mureddes Brown

BIRTHPLACE OF FATHER (State or country) Ballo

MAIDEN NAME OF MOTHER Mary Cornish

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary K Brown

(Address) 927 Elm Place

Filed July 7th 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 4 1906

that I last saw him alive on July 4 1906

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilated Heart

Intentia

(DURATION) ..... DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) J. S. Hutchinson M.D.

Address 1922 Druid Hill Ave

Date July 5 1906

Place of Burial Mt Auburn

Date July 8th 1906

Undertaker R. F. E. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HE

City of Baltimore
[If death occurs away
USUAL RESIDENC
give facts called for
"Special Information

PERSONAL A

SEX Male

DATE OF BIRTH .....

AGE 39 years

SINGLE, MARRIED, WIDOWED, OR DIVORC

BIRTHPLACE (State or country) V

FULL NAME OF FATHER Jo

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER M

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED La

THE ABOVE STATED PE
BEST OF MY KNOWLE

(Informant) Leon

(Address) 617

Filed July 7th 1906

Clerk

Ward ..... Registered No. B 91517

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 572 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Covington

•{ Residence, if in Baltimore, Give Street and Number. } 572 Walnut St.

91517.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: col.
DATE OF BIRTH: 19th April 1865	
AGE: 41 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: Thos. Johnson.	
BIRTHPLACE OF FATHER (State or country): md	
MAIDEN NAME OF MOTHER: unknown	
BIRTHPLACE OF MOTHER (State or country): md	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Jackson

(Address) 572 Walnut alley

Filed 7/7th. 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from Mar. 19 1906 to July 5th 1906 that I last saw him alive on July 5 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 90 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 DAYS

(Signed) Frank E. Wagner M.D.

Address 2220 Druid Hill Ave

Date July 5th 1906

Place of Burial Mt Auburn

Date July 7th 1906

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B 91518

CERTIFICATE OF DEATH.

(Place of Death.) No. 1649 Jackson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lelias M. Lee

{Residence, if in Baltimore, Give Street and Number.} 1649 Jackson St.

91518

Duration of Residence in Baltimore. 10 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH July 12 1842

AGE 63 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno. Lee

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Lee

(Address) Aberdeen.

Filed 7/7th 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1905 to July 5 1906 that I last saw h~~im~~ alive on July 5 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 2 ~~Nov~~ DAYS

Contributory (Primary.) Chron. Phthisis

(DURATION) ~~10~~ yr.

(Signed) Le. A. Delaney. M.D.

Address 435 E. Fort ave.

Date July 5 1906

Place of Burial Aberdeen Md

Date July 8 1906

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 91519

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 514, W. Barre St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary J. McAllister

{ Residence, if in Baltimore, Give Street and Number. } 514, W. Barre St. 91519

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Anderson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McKinley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie McAllister

(Address) 514 W. Barre.

Filed July 7th 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to July 5 1906 that I last saw h alive on July 5 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ph Phisis Pulmonalis.

(DURATION) 60 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) S. M. Lumpkin M.D.

Address 602 S. Paca, St.

Date July 6 1906

Place of Burial Holy Cross

Date July 9 1906

Undertaker Wm Cook

Address 510 E North Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1335 N. Fremont. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Maria Tamburro

{Residence, if in Baltimore, Give Street and Number.} 1335 N. Fremont st

91520

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 2d May 1906

AGE: ..... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore 1335 N Fremont

FULL NAME OF FATHER: Rosario Tamburro

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Agostina Palmisano

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Tamburro

(Address) 1335 N Fremont st

Filed 7th. 1906

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6th July 1906

I HEREBY CERTIFY, That I attended deceased from 28 June 1906 to 6 July 1906 that I last saw her alive on 6 July 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Bonomo M.D.

Address 204 N. Greene st

Date 7 July 1906

Place of Burial St Vincents

Date June 7 1906

Undertaker John E. Haugh Co

Address 1422 Baltimore av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 91521

15

CERTIFICATE OF DEATH.

(Place of Death.) No. Southest Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Tom Duong Gunn

{ Residence, if in Baltimore, Give Street and Number. } 330 Light st 91521

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Mongolian

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): China

FULL NAME OF FATHER: Tot Kuen

BIRTHPLACE OF FATHER (State or country): — , —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ivon Hing Lung

(Address) 303 Hanover st.

Filed 7th. 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to death 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Drowning.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 408 N. Exeter st Coroner

Date July 7 1906

Place of Burial Bethel Cemetary

Date July 9 1906

Undertaker E. M. Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VI

Registered No. B 91522 70

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Lying-in Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Maggie Mack

{Residence, if in Baltimore, Give Street and Number.} 1005 Scott St

91522

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 1883

AGE 23 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Mack

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER anna Weigand

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Mack

(Address) 1005 Scott St.

Filed July 7th 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 6 1906 that I last saw h[illegible] alive on July 6 1906 and that death occurred, on the date stated above, at 2.30 P.M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

Came in Hosp 1 a.m. July 6. 06

Died 2.30 P.m. July 6. 06

Convulsions while in Hosp. (DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Langley M.D.

Address 2nd. Gen. Hospital

Date July 6, 1906

Place of Burial St Patrick Cemetery

Date July 9 1906

Undertaker James DeGroan & Son

Address 759 W. Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

91523

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91523

Registered No. B

City of Baltimore, (No. 107, W. Castle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine L Reisz

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct 14 1905 (Month) (Day) (Year)
AGE	years, 8 months, 22 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry F Reisz
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Christina Schefeler
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F Reisz

(Address) 107 N. Castle St

Filed 7th. 1906

HARRY C. ANDREWS Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 6 1906 that I last saw h er alive on July 6 1906, and that death occurred, on the date stated above, at 8 9 M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 8 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) H. J. Roche M. D.

July 6 1906 (Address) 1904 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetary	July 8 1906
UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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from Inmates of the Institution Home [illegible] obtained

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Physician A H Sexton

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91524

CERTIFICATE OF DEATH. 91524

Registered No. B 27

City of Baltimore, (No. [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] House of Good Shepherd St.; Colored Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola Manuel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ~~July~~ (Month) ~~6~~ (Day) ~~1906~~ (Year)

AGE: 13 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: History unknown

BIRTHPLACE OF FATHER (State or country): History unknown

MAIDEN NAME OF MOTHER: a

BIRTHPLACE OF MOTHER (State or country): History unknown

OCCUPATION OF DECEASED: None — inmate of Infant House of Good Shepherd

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A H Sexton M.D

(Address) 1136 E Lexington St

Filed 7/7th 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from in her last illness 1906 July to about May 1906 and that I last saw h[illegible] alive on June 24 1906, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
Tub hips & Other joints deformity
about 8 Mos

(DURATION) ..... DAYS

Contributory Tuberculous joints

Result of Infantile deformity (DURATION) ..... DAYS

(Signed) A H Sexton M. D.

July 6 1906 (Address) A H Sexton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peter's Cem — DATE OF BURIAL: July 7 1906

UNDERTAKER: Crowley Bros — ADDRESS: 1500 N. Baltos 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

This Child was an inmate of Institution about one year Committed from St Elizabeths Home for Colored - Family History Unknown. She had Tuberculous joints affections prior to entry to either institution

Physician A H Sexton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91525

City of Baltimore, (No. 2721, Pensewood Ave, Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Isabelle Virginia Weaver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 2d, 1889 (Month) (Day) (Year)

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Union town Carroll Co

FULL NAME OF FATHER: H H Weaver

BIRTHPLACE OF FATHER (State or country): Union town Carroll Co. Md.

MAIDEN NAME OF MOTHER: Fannie R. Martin

BIRTHPLACE OF MOTHER (State or country): Middleburg Carroll Co Md

OCCUPATION OF DECEASED: Teacher in Kindergarden

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Weaver

(Address) Unionstown Md

Filed 7th. 1906 HARRY O. ANDREWS, Registrar

PERMIT CLERK

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to July 7th 1906

that I last saw h er alive on July 7th 1906,

and that death occurred, on the date stated above, at 5-30 A. M. The CAUSE OF DEATH was as follows:

Typhoid fever and a resulting peritonitis from perforation of the intestine.

about 2 weeks (DURATION)

Contributory Cardiac Asthenia & Shock

(DURATION) ——— DAYS

(Signed) Walter A. Reed. M. D.

July 7th 1906 (Address) Frederick Md. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ———

How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Unionstown Md — DATE OF BURIAL: July 7 1906

UNDERTAKER: H Maurice Routson — ADDRESS: 230 N Green St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH. 91526

Registered No. B.....

City of Baltimore, (No. 2318, Hunterdal St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jas A. Oconnor

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: January (Month) 19 (Day) 1902 (Year)	
AGE: 4 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto md
FULL NAME OF FATHER	Thomas Oconnor
BIRTHPLACE OF FATHER (State or country)	Eastindia
MAIDEN NAME OF MOTHER	annie Anderson
BIRTHPLACE OF MOTHER (State or country)	Balto md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed July 7th 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

Lair

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h..... alive on ..... 190.., and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

acute Indegestion

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) G. M. Lanthaum M. D.

July 6th 1906 (Address) 1818 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
MT Ziac	July 7 1906
UNDERTAKER James H. Dennis 1332	ADDRESS Presstman St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

Registered No. B 91527

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 531 Brune St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thelma Mae Clark

{ Residence, if in Baltimore, Give Street and Number. } 531 Brune

91527.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 12 1905

AGE: ..... years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: C. Bond Clark

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Mary Bray

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Bray

(Address) 531 Brune St.

Filed 7/7th 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906.

I HEREBY CERTIFY, That I attended deceased from July 6. 1906. to July 6. 1906.

that I last saw h[illegible] alive on July 6. 1906.

and that death occurred, on the date stated above, at 11-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave

Date July 7, 1906.

Place of Burial Balto. Cem

Date July 8th 1906

Undertaker Jno & Jno W. Teufel

Address 604 S. Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 Registered No. B

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 308 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leopadia Matija

{Residence, if in Baltimore, Give Street and Number.} 308 Bethel St

91528

Duration of Residence in Baltimore. Eleven yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 3rd 1894

AGE: 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Poland Russia

FULL NAME OF FATHER: Ignas Matija.

BIRTHPLACE OF FATHER (State or country): Poland Russia.

MAIDEN NAME OF MOTHER: Teodusja Gorzowska.

BIRTHPLACE OF MOTHER (State or country): Poland Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs T. Matija (Mother)

(Address) 308 S. Bethel St

Filed 1-7- 1906 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 6 1906

I HEREBY CERTIFY, That I attended deceased from Jany 6 1906 to Jany 6 1906 that I last saw her alive on Jany 6 1906, and that death occurred, on the date stated above, at 2:35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) One DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. C. Runk M.D.

Address Lows & Bares. Dr.

Date Jany 7 1906

Place of Burial Holy Rosary

Date Sunday July 8 1906

Undertaker W. F. Sudowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. 91529

Registered No. B

City of Baltimore, (No. 1207 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Hamburger

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	February 22d 1843 (Month) (Day) (Year)
AGE	63 years, 4 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Abraham Hamburger
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Hamburger

(Address) 1207 Eutaw Pl.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1902 to July 6th 1906 that I last saw h[er] alive on July 6th 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Oedema of lungs

(DURATION) 2 DAYS

Contributory Chronic interstitial nephritis (Bright's Dis.) (DURATION) 7 years

(Signed) Mrs P. Hamburger M. D.

July 7th 1906 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fell's Point Cemetery	July 8 1906
UNDERTAKER	ADDRESS
J. Theis & Co	754 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 91530

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. (6) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John D. Harrison 91530

{Residence, if in Baltimore, Give Street and Number.} Relay Baltimore Co. Md.

Duration of Residence in Baltimore. 5 days in Hospital.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1847

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Real Estate Agt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Roberts

(Address) 1039 N Carey st

Filed 7-7- 1906 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 3. 1906 to July 6 1906 that I last saw h-im alive on July 6 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia.
Thrombosis femoral artery + vein

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McC. Bergland M.D.

Address Johns Hopkins Hospital

Date July 6 1906

Place of Burial David Ridge Cem.

Date July 9 1906

Undertaker Geo J Smith & Co

Address 1014 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91531

City of Baltimore, (No. 855, W. Fayette St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret J. Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 30 (Day) 1834 (Year)

AGE: 72 years, 0 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co, Md

FULL NAME OF FATHER: John Maxwell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarrah Brooks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. E. Beach M.D.

(Address) 857 W. Fayette St

Filed 7-7- 1906 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 6 1906

that I last saw h[illegible] alive on July 5 1906,

and that death occurred, on the date stated above, at 9.50 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 30 yrs

Contributory Hemorrage

(DURATION) 5 Minutes

(Signed) L. E. Beach M.D.

July 6 1906 (Address) 857 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? Grantown

PLACE OF BURIAL OR REMOVAL: Presbyterian Cem,

DATE OF BURIAL: July 10 1906

UNDERTAKER: Geo J. Smith Co

ADDRESS: 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91532

City of Baltimore, (No. 212 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wolfe Bloomenfeld.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Julius Blumefeld

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Hette Bumenthal

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Blumenfeld

(Address) 212 Aisquith St.

Filed July 7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July. 6 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July. 5 1906 to July-6 1906 that I last saw him alive on 7/6 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) S. C. Katzoff M. D.

7/6 1906 (Address) 114 Aisquith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Phil Abr. ... DATE OF BURIAL: July 190 7

UNDERTAKER: M. J. Levinson ADDRESS: 1128 Lore...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9th 91533 Registered No. B 91533

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Ravelling

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June 1 1868

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Ravelling

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lamm Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed July 7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 5 1906 that I last saw h[illegible] alive on July 5 1906 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Pulmonary Tuberculosis!

..... (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Wm Timmons Co M.D.

Address Bay View Asylum

Date July 6 1906

Place of Burial Mt Olivet

Date July 8 1907

Undertaker R. L. Parham

Address 1213 Pank-st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAL

City of Baltimore, (N
[If death occurs away from
USUAL RESIDENCE
give facts called for unde
"Special Information."]

PERSONAL AND

SEX M

DATE OF BIRTH .....

AGE ..... years,

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ba

FULL NAME OF FATHER Jul

BIRTHPLACE OF FATHER (State or country) Pr

MAIDEN NAME OF MOTHER Ha

BIRTHPLACE OF MOTHER (State or country) Pr

OCCUPATION OF DECEASED

THE ABOVE STATED PERS
BEST OF MY KNOWLEDG

(Informant) Julius

(Address) 212

Filed July 7 1906 HARR PE

HEALTH DEPARTMENT, CITY

Ward 7

91534 Registered No. B 91534

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1352 Carroll St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucrisia Adams.

{ Residence, if in Baltimore, Give Street and Number. } 1352 Carroll St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: August 1847

AGE: 59 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Galen White

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eliza Mayberry

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Maloy

(Address) 1369 N. Calhoun St.

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1906.

I HEREBY CERTIFY, That I attended deceased from July 4th 1906 to July 4 1906 that I last saw her alive on July 4 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAY

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Nicholas M.D.

Address 504 S. Paca St

Date July 5th 1906.

Place of Burial Mt. Auburn Cem

Date July 8th 1906

Undertaker Saml. H. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — 91535 — Registered No. B 91535

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wilson Houston

{Residence, if in Baltimore, Give Street and Number.} 1606 N. Vincent St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 68 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Co. Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Nixon

(Address) 1061 W. Lexington

Filed 7/8 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1906

I HEREBY CERTIFY, That I attended deceased from June 25, 1906 to July 7 1906 that I last saw him alive on July 7 1906, and that death occurred, on the date stated above, at 12-00 M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Valvular disease of heart.

? (DURATION) ? DAYS

Contributory (Primary) Cardiac dilatation

(DURATION) 1 DAYS

(Signed) E. E. Lang M.D.

Address Md. Gen. Hospital

Date July 7, 1906

Place of Burial Mt. Auburn Cem.

Date July 9 1906

Undertaker Samuel W. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 91536 Registered No. B 91536

CERTIFICATE OF DEATH.

(Place of Death.) No. 1243 Wilmore alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes a Peck

{Residence, if in Baltimore, Give Street and Number.} 1243 Argyle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH: aug 1st 1904

AGE: ..... years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: George Peck

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Lillon davis

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Peck

(Address) 1243 Wilmore alley

Filed 7/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 2 / DAYS

Contributory (Primary.) dentition

(DURATION) — DAYS

(Signed) Leo Rae Owens M.D.

Address 709 Log. ave. (Corner)

Date July 6th 1906

Place of Burial Mt Auburn Cemetery

Date July 8 1906

Undertaker George H Hooper

Address 609 Little Preas st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91537.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91537

City of Baltimore, (No. 225 Pig. alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 46 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jafferson Johnson

(Address) 225 Pig alley

Filed 7/8 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 6 1906 that I last saw h.. alive on July 6 1906. and that death occurred, on the date stated above, at 8.00 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F. Edward Smith M. D.

7/7 1906 (Address) 228 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Fort Dubois Cemetery

DATE OF BURIAL: July 9 1906

UNDERTAKER: George H. Hooper

ADDRESS: 760 Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91538

City of Baltimore, (No. 1420 Garrett Ave St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rinella L. B. Watkins.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb (Month) 9th (Day) 1906 (Year)

AGE ~~years~~, 5 months, ~~days~~

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER Richard Watkins.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Christina Amaker

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Reese.

(Address) 1420 Garrett Ave

Filed 7/8 1906

HARRY C. ANDREAS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 6th July 1906 to 7th July 1906 that I last saw her alive on 7th July 1906 and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Exhaustion.

(DURATION) ~~DAYS~~

(Signed) James Cooper M. D.

July 1906 (Address) 1512 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ~~Days~~

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Paul's	July 8 1906
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

City of Baltimore, (No. 2009 Smallwood St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 91539

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Emmanuel Engelbach

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	May 26 1906 (Month) (Day) (Year)
AGE	— years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Wm. Emmanuel Engelbach
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Bessie Keigh
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Engelbach

(Address) 2009 Smallwood St.

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 6 1906 that I last saw him alive on July 6 1906 and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) 5 DAYS

Contributory (DURATION) DAYS

(Signed) G. W. Slaterman M. D.

July 6. 1906. (Address) 1703 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Arbutus Cemetery	July 8 1906
UNDERTAKER	ADDRESS
Daniel and M. J. Flynn	42 S. West St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — HEALTH DEPARTMENT, City of Baltimore

91540 Registered No. B 91540

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 816 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Shiels

{Residence, if in Baltimore, Give Street and Number.} 816 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 5th. 1905

AGE 1 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Jos. Shiels

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Keenon

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Nihil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Keenon

(Address) 816 Harford Ave

Filed 7/8 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th., 1906.

I HEREBY CERTIFY, That I attended deceased from April 24, 1906 to June 30 1906 that I last saw h~~im~~ alive on June 30, 1906, and that death occurred, on the date stated above, at 6.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

2 mos. (DURATION) ~~DAYS~~

Contributory (Primary.) Inanition

(DURATION) 3 mos. ~~DAYS~~

(Signed) Eugene Lee Crutchfield M.D.

Address 1221 E. Preston St.

Date July 7th., 1906.

Place of Burial Holy Cross

Date July 8— 1906

Undertaker H. C. Winkfield

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 91541 — Registered No. B 91541

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier #10 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Woodyer

{Residence, if in Baltimore, Give Street and Number.} 1200 Towson St

Duration of Residence in Baltimore. 6 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dont know

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Holland

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Stevadore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Finkeldey

(Address) 1200 Towson St

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.50

P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date July 7 1906

Place of Burial CEDAR HILL JUL 9 - 1906

Date 190

Undertaker Armstrong Danny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91542

City of Baltimore, (No. 1216, Hare St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its Name instead of street and number.]

FULL NAME Karmenaz Miklas

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: February (Month) 20 (Day) 1906 (Year)	
AGE: — years, 4 months, 13 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): 1216 Hare St. Baltimore Md.	
FULL NAME OF FATHER: Bartholomew Miklas	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Ella Cilaky	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Cilaky Miklas (mother)

(Address) 1216 Hare St.

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 7 1906

that I last saw h[im] alive on July 7 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Exhaustion —

(DURATION) 2 DAYS

Contributory Gastro enteritis

(DURATION) 12 DAYS

(Signed) [illegible] M. D.

July 7 1906 (Address) Dillon & Canton Sts.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary —	July 9" 1906
UNDERTAKER	ADDRESS
M. F. Sadowski	703 S. Ann St.

✓

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 91543 — Registered No. B 91543

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 811 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Mickshan

{ Residence, if in Baltimore, Give Street and Number. } Same 811 E Pratt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: June 27 1906

AGE: ....years, ...months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Mickshan

BIRTHPLACE OF FATHER (State or country): Russ

MAIDEN NAME OF MOTHER: Ellen Mickshan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Mickshan

(Address) 811 E. Pratt St.

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 7 1906

that I last saw h er alive on July 5 1906

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) J Valentine M.D.

Address 16 S Broadway

Date July 7 1906

Place of Burial St. Stanislaus

Date July 8th 1906

Undertaker Jacob Fralkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91544

City of Baltimore, (No. 1016, Clifton Pl St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Jane Bolger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 15 (Month) (Day) 1906 (Year)

AGE: ..... years, 6 months, ——— days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Bolger

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Julia Fullen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bolger

(Address) 1016 Clifton Place

Filed 7/8 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 6 1906 that I last saw her alive on July 6 1906, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Acute gastro enteritis

(DURATION) two DAYS

Contributory Asthenia

(DURATION) two DAYS

(Signed) H G Beach M. D.

July 7 1906 (Address) 214 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peter's Cem. DATE OF BURIAL: July 9 1906

UNDERTAKER: Evans & Spence ADDRESS: 1000 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 — 91545 — Registered No. B 91545

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 W Camden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samˡ Jeffries

{Residence, if in Baltimore, Give Street and Number.} 122 W. Camden St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	was 19yrs 2mos old
AGE	19 years, 2 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Russia —
FULL NAME OF FATHER	Max Jeffries
BIRTHPLACE OF FATHER (State or country)	Russia —
MAIDEN NAME OF MOTHER	Fannie —
BIRTHPLACE OF MOTHER (State or country)	Russia —
OCCUPATION OF DECEASED	Clerk. —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Fedder

(Address) 718 S. Charles St

Filed July 9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July June 29 1906 to July 8 1906 that I last saw h was alive on July 7 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

(DURATION) DAYS

Contributory (Primary.) Syphilis. —

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date July 8 — 1906

Place of Burial Washington Road M. C.

Date July 8 1906

Undertaker Max. Levinson

Address 1138 Low St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 24

Registered No. B 91546

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 E. Fort ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Wm Richman

{ Residence, if in Baltimore, Give Street and Number. } 838 E. Fort ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH april 6 1906

AGE ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. A. Richman

BIRTHPLACE OF FATHER (State or country) Nebraska

MAIDEN NAME OF MOTHER Katie Mary Parr

BIRTHPLACE OF MOTHER (State or country) W. Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. A. Richman

(Address) 838 E Fort Ave

Filed July 7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 8 1906 that I last saw him alive on July 7 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

3 weeks (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. J. Smith M.D.

Address 528 Hanover St

Date July 8 1906

Place of Burial Grafton W. Va

Date July 8th 1906

Undertaker E. J. Gunning

Address 1460 Butting ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Md.

Ward IX

Registered No. B 91547

167

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Nellie Barchet

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: July 8 1906	
AGE: 1 years, 7 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Geo. Barchet	
BIRTHPLACE OF FATHER (State or country): China	
MAIDEN NAME OF MOTHER: M. P. Grosser	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Barchet

(Address) Annapolis, Md.

Filed 6/9 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar Rockwold

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 8 1906 that I last saw h-- alive on July 8 1906 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ½ DAYS

Con'tributory (Primary.) Suppurative Burns of body. (DURATION) 1 DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date July 8 1906

Place of Burial Annapolis Md

Date July 9. 1906

Undertaker S. B. Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91548

City of Baltimore, (No. Franklin Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Salomon Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Sept 10 1893~~ (Month) (Day) (Year)

AGE: 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Louis M. Miller

BIRTHPLACE OF FATHER (State or country): Russia ~~Russia Miller~~

MAIDEN NAME OF MOTHER: Rose Cark

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis M. Miller

(Address) 603 N. Baltimore St

Filed 7/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 9th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to July 9th 1906 that I last saw him alive on July 9th 1906, and that death occurred, on the date stated above, at 0-55 A. M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 3 DAYS

Contributory Uraemic Coma (DURATION) 8 hrs ~~DAYS~~

(Signed) Walter A. Steed, M. D.

7/9 1906 (Address) Franklin Sq. Hospt.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 603 N. Baltimore St. How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Russian Cemetery

DATE OF BURIAL: July 9 1906

UNDERTAKER: Jacob Ahrens

ADDRESS: 257 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91549

Registered No. B

City of Baltimore, (No. 420 E. 23rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: Feb (Month) 6 (Day) 1906 (Year)

AGE: ..... years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Thomas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susan Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Boylan

(Address) 2035 Guilford Av

Filed 1/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 8 1906 that I last saw her alive on July 8 1906, and that death occurred, on the date stated above, at 10:20 a. m. The CAUSE OF DEATH was as follows:

Marasmus
Caused by artificial food. (Mother) did not nurse child (DURATION) 60 DAYS
Contributory asthenia due to improper absorption (DURATION) DAYS

(Signed) Haughton Bagley M. D.

July 8 1906 (Address) 2035 Guilford Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	July 9 1906
UNDERTAKER	ADDRESS
R. E. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

91550 Registered No. B 91550

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Brown.

{ Residence, if in Baltimore, Give Street and Number. } 642 W. Hoffman St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary F Brown

(Address) 642 W Hoffman

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 6 1906 that I last saw him alive on July 6 1906, and that death occurred, on the date stated above, at 2-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights Disease

Endocr. Val. disease of heart.

? (DURATION) ? DAYS

Contributory (Primary.) Cardiac dilatation

(DURATION) DAYS

(Signed) E. E. Lindsay M.D.

Address Md. Gen. Hosp.

Date July 6 1906

Place of Burial Mt Auburn

Date July 9 1906

Undertaker C. F. Elliott

Address 506 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 91551 — Registered No. B 91551

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John W. Loudenslager

{Residence, if in Baltimore, Give Street and Number.} 1732 Hanover St.

Duration of Residence in Baltimore. 70 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 12 1832

AGE: 73 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Carroll Co Md.

FULL NAME OF FATHER: Conrad Loudenslager

BIRTHPLACE OF FATHER (State or country): America.

MAIDEN NAME OF MOTHER: Catharine Ports

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Loudenslager (Son)

(Address) 2107 Vine St.

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from [redacted] 190 to [redacted] 190

that I last saw h[redacted] alive on [redacted] 190,

and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Face

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date July 7 1906.

Place of Burial Loudon Park Cemetery

Date July 9th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward V

91552 Registered No. B 91552

57

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Mildred Watts

{Residence, if in Baltimore, Give Street and Number.} Pikesville Md

Duration of Residence in Baltimore. 1 Day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W. White

DATE OF BIRTH: March 5th 1889

AGE: 17 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Lunsford D Watts

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elsa Wright

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lunsford D Watts Pikesville

(Address)

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 7 1906

that I last saw h[er] alive on July 7 1906

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Thyroidism -

(Cardiac Asthenia)

(DURATION) 3 hrs DAYS

Contributory (Primary) Cancer

disease (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date July 7 1906

Place of Burial Druid Ridge CEMETERY

JUL 10 1906

Date 190

Undertaker David McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 91553 — Registered No. B 91553

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 N. Rose st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Dorries

{Residence, if in Baltimore, Give Street and Number.} 500 N. Rose st.

Duration of Residence in Baltimore. 45 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: 22nd February 1836

AGE: 70 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Chas. Dorries

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Manufac.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa L. Dorries

(Address) 500 N. Rose st.

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 7 1906 that I last saw h— alive on July 6 1906, and that death occurred, on the date stated above, at 5-45 M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Carcinoma

3 mos (DURATION) DAYS

Contributory (Primary.) Purpura Hemorrhagica

(DURATION) 7 DAYS

(Signed) J. C. Bruner M.D.

Address 1713 Bank

Date July 7 1906

Place of Burial Western Cemetary

Date July 8 1906

Undertaker Louis Freemann

Address 6 S Carolina

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 21

91554

Registered No. B 91554

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Columbia av St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John J Queen

{Residence, if in Baltimore, Give Street and Number.} 1421 Columbia av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 14th 1906

AGE: ..... years, 4 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Grover Queen

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Martha Pennington

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Pennington

(Address) 1421 Columbia av

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 7 1906

that I last saw him alive on July 7 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 7 DAYS

Contributory (Primary) Asthenia

(DURATION) 1 DAY

(Signed) J E Munn M.D.

Address 865 Columbia av

Date July 8 1906

Place of Burial Louden Park

Date July 9th 1906

Undertaker John Gowan

Address 701 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 91555 — Registered No. B 91555 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 Parish alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Matilda Tunch

{Residence, if in Baltimore, Give Street and Number.} 927 Parish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: about fifty-five yrs. (years, months, days)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Unknown	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Home work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Warren

(Address) 927 Parish alley

Filed 7/9 1906 — HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 10 Lex. Ave. (Corner)

Date July 7th 1906

Place of Burial Resten town

Date July 9 1906

Undertaker W. J. Johnson

Address 1400 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person having notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, color, age, birthplace, occupation, and residence of the deceased, and the **cause and date of death**.

deceased, and the **cause and date of death.**

W

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91556

City of Baltimore, (No. 2621 Lehman St. 2d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Max Preisler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 19 March 1904.1 (Month) (Day) Year)

AGE: 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Bohemia Austria

FULL NAME OF FATHER: Anton Preipler

BIRTHPLACE OF FATHER (State or country): Bohemia Austria

MAIDEN NAME OF MOTHER: Emilia Blumerich

BIRTHPLACE OF MOTHER (State or country): Ringenthum Austria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Volkmann, M. D.

(Address) 16. Frederick Ave.

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th. 2. a.m. 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 8 1906 that I last saw h[illegible] alive on July 7. 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Spasmus nutans infantum
Cholera infantum
Child had been sick
Lapse [illegible] attacked (DURATION) 21 DAYS
Contributory Influenza of Mother
[illegible] (DURATION) DAYS

(Signed) A. F. Volkmann M. D.

July 8 1906 (Address) 16. Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 9 1906

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91557

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH. 91557

Registered No. B.....

City of Baltimore, (No. 7777 Jefferson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Hudak.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Michael Hudak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Jeweler.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Hudak.

(Address) 7777 E. Jefferson St.

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 8 1906

that I last saw h.. alive on July 6 1906,

and that death occurred, on the date stated above, at 3.20 P.M. The CAUSE OF DEATH was as follows:

Aortic Regurgitation.

Hypostatic Congestion

Lungs. (DURATION) 2 DAYS

Contributory Asthenia, (DURATION) ..... DAYS

(Signed) Alfred Ullman M.D.

July 9 1906 (Address) 1506 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 11 1906

UNDERTAKER: Frank Enach — ADDRESS: 1714 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — 91558 — Registered No. B 91558

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2811 Elliott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah League

{Residence, if in Baltimore, Give Street and Number.} 2811 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Apr. 2nd 1814
AGE	92 years, 3 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Joshua League
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	dont- know
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Retired farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rohda E. Green (daughter)

(Address) 2811 Elliott St.

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1906

I HEREBY CERTIFY, That I attended deceased from July 7. 1906 to July 5 1906

that I last saw him alive on July 5 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Shock & Result of Fall down flight of stairs Dr Sudler was notified obtained

12 hrs (DURATION) DAYS

Contributory (Primary.) accident

(DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 218 O'Donnell St

Date July 5 1906

Place of Burial Chase Baltimore Co.

Date July 10 1906

Undertaker Germanus Trauer

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

91559 Registered No. B 91559

33

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Foster

{ Residence, if in Baltimore, Give Street and Number. } Rear 1119 Patterson Ave 1940 Edgewood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: unknown

AGE: 42 ? years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lamar Hollyday, Supt.

(Address)

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from 1906 to 1906 that I last saw h alive on 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart trouble

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis & Kidney trouble (DURATION) ..... DAYS

(Signed) Wm Dennis Cox M.D.

Address Bay View Asylum

Date July 7 1906

Place of Burial St. Peters Cem.

Date July 10th 1906

Undertaker E M Fahey & Sons

Address 1306 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91560

City of Baltimore, (No. 2216, Eagle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William a Wigley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 27 1830 (Month) (Day) (Year)

AGE: 75 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Reese

(Address) 606 Smallwood St.

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 6th 1906 that I last saw him alive on July 6 1906, and that death occurred, on the date stated above, at 5.45 A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 7 DAYS

Contributory Cardiac Syncopy

(DURATION) 1 DAYS

(Signed) Joseph Elgodum M. D.

July 8 1906 (Address) 1516 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: July 9 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20

91561 Registered No. B 91561

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 454 Forrest St (West) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Streib

{Residence, if in Baltimore, Give Street and Number.} 454 Forrest St (West)

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 1851

AGE 55 years, — months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Haydon

(Address) 454 Forrest St

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1906

I HEREBY CERTIFY, That I attended deceased from Mar 1 1906 to July 7 1906

that I last saw h~~im~~ alive on July 6 1906,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Six Months (DURATION) DAYS

Contributory (Primary.) Exhaustion

One month (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1201 Hollins St

Date July 8th 1906

Place of Burial London Park Cem

Date July 10 1906

Undertaker Joseph B Cook

Address 1013 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

91562 Registered No. B 91562

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CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Edna Lee Austin

{Residence, if in Baltimore, Give Street and Number.} 1213 Upton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 30 1895

AGE: 11 years, 1 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Austin

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Austin

(Address) 1213 Upton St

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 8 1906 that I last saw her alive on July 8 1906, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

Acute appendicitis (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 9 1906

Place of Burial Mt. Auburn

Date July 11th/06 1906

Undertaker Samuel A. Wright

Address 1364 & 66 Carey Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91563

City of Baltimore, (No. 219 S. Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Frahley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. (Month) 7 (Day) 1851 (Year)

AGE: 45 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Francis Frahley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Begley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Inman

(Address) 219 S. Chester St.

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 8 1906, that I last saw h[illegible] alive on July 8 1906, and that death occurred, on the date stated above, at 11:30 A. M. The CAUSE OF DEATH was as follows:

Obstruction Jaundice

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) R. T. Hardy M. D.

July 8 1906 (Address) 1902 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: July 10 1906

UNDERTAKER: Jno. A. Inman ADDRESS: Balto Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

Ward ..... 91564 Registered No. B 91564

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Bay View Asylum (Insane Department) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie L. Sullivan

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1906

I HEREBY CERTIFY, That I attended deceased from June 18th 1906 to July 5th 1906 that I last saw her alive on July 5th 1906 and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho pneumonia

(DURATION) 2 wks.

Contributory (Primary.) Encephalitis.

(DURATION) 2 days.

(Signed) Wm Dunn Le M.D.

Address Bay View Asylum

Date July 6th 1906

Place of Burial JOHNS HOPKINS HOSPITAL.

Date July 7 1906

Undertaker William H. Worden

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT

Ward .....

Registered No. B 91565

91565

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Hartenstein

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Banker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/9 1906

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 6 1906 that I last saw h.. alive on July 6 1906, and that death occurred, on the date stated above, at 12.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Myocarditis

Cortico sclerosis

Interstitial Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Uraemia

..... (DURATION) ..... DAYS

(Signed) W. Hartenstein M.D.

Address Bay View Asylum

Date July 7 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 7 1906

Undertaker William H. Worden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91566

City of Baltimore, (No. 3304, Cedar Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margt Jane Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March (Month) 13 (Day) 1906 (Year)

AGE: — years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto —

FULL NAME OF FATHER: Howard F Riley

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sallie E Hampshire

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard F Riley

(Address) 3304 Cedar Ave

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 8 1906 that I last saw her alive on July 7 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Ileus Colic

Collapse

Peritonitis (DURATION) 10 DAYS

Contributory Acute Ind. Bronchitis (DURATION) 1 Day

Marasmus (DURATION) Life DAYS

(Signed) Wm H. Feldmann M. D.

July 9 1906 (Address) 801 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden | DATE OF BURIAL: July 9th 1906

UNDERTAKER: Wm. E. Chenowith & Son | ADDRESS: 919 - 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91567

City of Baltimore, (No. 420 E 23rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eldridge Davenport

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col.
DATE OF BIRTH	May 12 1886 (Month) (Day) (Year)
AGE	years, 1 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Lucie Davenport
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Douglas

(Address) 720 S Gilford Ave

Filed 7/9 1906

HARRY C. ANDREWS, FAMILY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 9 1906

that I last saw h[illegible] alive on July 8 1906,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

Immediate

Intestinal Infection

(DURATION) 5 DAYS

Contributory bad feeding

(DURATION) DAYS

(Signed) H. Bailey M. D.

July 9 1906 (Address) 720 S Gilford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 9 1906
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

91568

Ward 7

91568 Registered No. B

61

CERTIFICATE OF DEATH.

Place of Death.) No. 705 W. Barre st St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name George Franklin Schipperling

{ Residence, if in Baltimore, Give Street and Number. } 705 W. Barre st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 1 1905

AGE: 1 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Louis Schipperling

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie Hiller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schipperling

(Address) 705 W. Barre st

Filed 7/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from June 28th 1906 to July 8th 1906

that I last saw him alive on July 7th 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 9 DAYS

Contributory (Primary.) Dentition

(DURATION) 9 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca st

Date July 9th 1906

Place of Burial Loudon Park

Date July 11 1906

Undertaker W. J. Tuston & Son

Address Caudens Lane

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91569 — Registered No. B 91569

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 613 S. Paca St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Kazimeras Wozelus.

{Residence, if in Baltimore, Give Street and Number.} 613 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	February 27, 1906
AGE	___ years, 4 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Kazimeras Moseles
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Annie Yonstewesch
BIRTHPLACE OF MOTHER (State or country)	Baltimd
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kazimieras Wozelus

(Address) 613 S. Paca St.

Filed 7/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1906

I HEREBY CERTIFY, That I attended deceased from July 7, 1906 to July 9, 1906 that I last saw h[illegible] alive on July 8, 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 31 Hours

Contributory (Primary.) Not Known.

(DURATION) ___ DAYS

(Signed) Albert F. Chambers M.D.

Address 614 S. Paca St

Date July 9, 1906

Place of Burial Mt Olivet

Date July 10 1906

Undertaker H. J. Tuckwell & Son

Address Edmondson Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 91570 — Registered No. B 91570

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. Altima Beach Stony Creek St. A A County Md

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Hess

{Residence, if in Baltimore, Give Street and Number.} 1127 E Fayette St

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Meyer Hess

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Herlaichyricht

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meyer Hess

(Address) 1127 E Fayette st

Filed 7/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 = 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 8 1906

that I last saw him alive on July 8 1906,

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Green St

Date July 7 = 1906

Place of Burial Philips Rd Belair Rd

Date July 11 1906

Undertaker Max Heinsohn

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

North Av- & Bruce Ave

Ward 14

91571 Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 578 Bakers St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Holland

{Residence, if in Baltimore, Give Street and Number.} 578 Baker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Holland

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Holland

(Address) 578 Baker St

Filed 7/9 1906

BARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 7 1906 that I last saw h— alive on July 7 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) F. Amelung M.D.

Address 1303 W Northern

Date July 8 1906

Place of Burial Holy Cross

Date July 10th 1906

Undertaker H. Gahey & Sons

Address 6062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

91572 Registered No. B 91572

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 W Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Leon B & Mary H. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 625 W Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 8 1906

AGE ... years, Few hours months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Leon B Jenkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary H Wicklin

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis B. Jenkins

(Address) 625 W. Conway St

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Inanition

(DURATION) Few hours DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date July 9 1906

Place of Burial ~~Mutter~~ ~~Reddemin~~ Cem.

Date July 9 1906

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 8 — 91573 — Registered No. B 91573

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Lindenstruth

{Residence, if in Baltimore, Give Street and Number.} 1605 Bradford St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 11 1838
AGE	67 years, 11 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. Hoffmann.

(Address) 1312 Penna Ave

Filed 7/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 8 1906 that I last saw her alive on July 7 1906, and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) 7 DAYS

Con'tributory (Primary.) General Debility

(DURATION) DAYS

(Signed) August Horn M.D.

Address 932 Mulberry St

Date July 9th 1906

Place of Burial Baltimore Cemetery

Date July 10 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 91574 — Registered No. B 91574

118

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 S. Arlington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret McKenzie

{ Residence, if in Baltimore, Give Street and Number. } 115 S. Arlington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 24th 1856

AGE: 50 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Carrol Co. Md

FULL NAME OF FATHER: William Gosnell

BIRTHPLACE OF FATHER (State or country): Carrol Co. Md

MAIDEN NAME OF MOTHER: — Gosnell

BIRTHPLACE OF MOTHER (State or country): Carrol Co. Md.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur McKenzie

(Address) 115 S Arlington Ave

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 7 1906 that I last saw h alive on July 7 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis

Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Sowers M.D.

Address 1300 W. Lombard St

Date July 7 1906

Place of Burial Mt Olivet cem-

Date July 10th 1906

Undertaker Geo J. Smith Co.

Address 1002 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91575 — Registered No. B 91575

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline K Loewer

{Residence, if in Baltimore, Give Street and Number.} 920 S. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Apr 7 1904

AGE 2 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles M Loewer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Bauge

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Charles Loewer.

(Address) 920 S. Paca.

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to July 1906

that I last saw h alive on July 1906,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemmorhage / Spinal Cord due to fall / Accident

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P Meaden M.D.

Address Crowe

Date July 9 1906

Place of Burial Loudon Park,

Date July 10th 1906

Undertaker Jar & Jas John W. Leupel

Address 604 E. Lexington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 91576 — Registered No. B 91576

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Millington ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Gowran

{Residence, if in Baltimore, Give Street and Number.} 109 Millington ave

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: September 15 1877

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: John Gowran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Kenney

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Produce dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret McCann

(Address) 926 9th St Washington D C

Filed 7/9 1906

HARRY C. ANDREAS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 7 1906

that I last saw h. am alive on July 6 1906,

and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) ..... DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 2 DAYS

(Signed) Asa L. Russell M.D.

Address 534 Frederick Ave

Date July 7 1906

Place of Burial St Agnes Franklin

Date July 8 1906

Undertaker M Cadogan

Address 196 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

91577 Registered No. B 91577

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Edward Daly.

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH: May 12, 1906

AGE: ..... years, 1 month, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/9 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8, 1906

I HEREBY CERTIFY, That I attended deceased from May 26 1906 to July 8, 1906 that I last saw him alive on July 7, 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital malformation of heart.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St

Date 7-8- 1906

Place of Burial New Cathedral

Date July 9th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B 91578

91578

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1k Mrs. Wilson Somerown St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claudio Mowbray

{Residence, if in Baltimore, Give Street and Number.} 208 N. Pine st

Duration of Residence in Baltimore. 10 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Claiborne Ely Mowbray

BIRTHPLACE OF FATHER (State or country): Hancock Town Md

MAIDEN NAME OF MOTHER: Balto City

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maud Mowbray

(Address) 208 N Pine St

Filed 7/9 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 8 1906

that I last saw h alive on July 6 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Ileo colitis.

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Mackenzie M.D.

Address 806 Cathedral St

Date July 9 15 1906

Place of Burial Mt Carmel Cem

Date 7-9 1906

Undertaker Robt J Brooks & Son

Address Calhoun & Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward ..... 91579 Registered No. B 91579

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 W. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josie Pazdernik

{Residence, if in Baltimore, Give Street and Number.} 839 W. Washington St

Duration of Residence in Baltimore. City

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8th 1906

AGE ..... years, ... months, ONE day

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Pazdernik

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Rosy Kostelak

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katerina Pacholik

(Address) 839 W. Washington St

Filed 7/9/06

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Uterogestation Abort 6½ month

(DURATION) ..... DAYS

Contributory (Primary.) Eclampsia

(DURATION) ..... DAYS

(Signed) William J. Tydings M.D.

Address 2008 Ashland Ave

Date 7/9/06 190

Place of Burial Oak Hill

Date July 10 1906

Undertaker Franke Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B 91580

City of Baltimore, (No. 510, S. Dallas St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Paszkiewicz

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec 31 1904 (Month) (Day) (Year)
AGE	2 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Michal Paszkiewicz
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Elizabeth Mayka
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Paszkiewicz

(Address) 510 S Dallas St

Filed 7/9 1906

HARRY O. ANDRETS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 9 1906

that I last saw her alive on July 9 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory Pertussis

(DURATION) 35 DAYS

(Signed) John H. Rehberger M. D.

July 9 1906 (Address) 1702 Aliceanna

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 10 1906
UNDERTAKER	ADDRESS
Jacob Frankowski	628 L Bro

91581

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91581

City of Baltimore, (No. 623, S. Bethel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Flesner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Konrad Flesner

BIRTHPLACE OF FATHER (State or country): Galicia Austria

MAIDEN NAME OF MOTHER: Josepha Majewska

BIRTHPLACE OF MOTHER (State or country): Galicia Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Konrad Flesner

(Address) 623 S Bethel St

Filed 7/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 6 1906 that I last saw him alive on July 6 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Summer Diarrhoea

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Maurice Lazarus M. D.

July 9 1906 (Address) 721 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 9 1906
UNDERTAKER	ADDRESS
Jacob Faltenbacher	928 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the deceased during his last illness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, and before the burial, a certificate setting forth, as far as the same can be ascertained by inquiry of the superintending the burial or other person having charge of the body, the name, age, color, sex, birthplace, and residence (and if married or single) of the person deceased, and the cause and date of

Ward 17 — 91582 — Registered No. B 91582

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Orchard St. court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Cooley

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West River Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hester Cooley

(Address) 715 Orchard St

Filed 7/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from A.S. Gibson 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 P.

M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery,

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) J. D. Gilchrist M.D.

Address 211 W. Lanvale

Date July 9th 1906

Place of Burial Mt. Auburn Cem

Date July 10th 1906

Undertaker Sam'l T. Chase

Address 1011 W. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 4

Registered No. B 91583

91583

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 111 Pearl St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Holmes

{ Residence, if in Baltimore, Give Street and Number. } 111 Pearl St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH 1861

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Nelson

(Address) 230 N Paca St

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) P. J. Mackin M.D.

Address Druid

Date July 9 1906

Place of Burial Mt Auburn. Cem

Date July 10 1906

Undertaker Felix Boyle

Address 102 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

91584

Registered No. B 91584

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 N Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Fromm

{Residence, if in Baltimore, Give Street and Number.} 711 N Henry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 2d 1906

AGE: ___ years, ___ months, 1 day

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm F Fromm

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Eva Wagner

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Fromm

(Address) 711 N Henry St

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 9 1906 that I last saw her alive on July 9 1906 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis
Neonatorum

(DURATION) 1 DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) J E Muse M.D.

Address 855 Columbia

Date July 9 1906

Place of Burial Goyden Park

Date July 10 1906

Undertaker John Lyman

Address 901 N Collins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 16 — 91585 Registered No. B 91585

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael H. Hogan

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 4th 1846

AGE 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Patrick Hogan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Slattery

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hogan

(Address) 1016 N. Arlington Ave

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1906

I HEREBY CERTIFY, That I attended deceased from As brown 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1130 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

(DURATION) DAYS

Contributory ~~(Primary.)~~

(DURATION) DAYS

(Signed) J. D. Lyttleton Brown M.D.

Address 211 W. Lanvale

Date July 9th 1906

Place of Burial New Cathedral

Date ~~July~~ 11th 1906

Undertaker Geo. W. Rinaldi & Co

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

91586 Registered No. B 91586

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 2328 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Harry & Lucy L. Price

{ Residence, if in Baltimore, Give Street and Number. } 2328 E. Oliver St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 9 1906

AGE: ..... years, ... months, 1 Hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Harry Price

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lucy L. Jordan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Price

(Address) 2328 E. Oliver st

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 9 1906 that I last saw h im alive on July 9 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia (DURATION) short DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. T. Rorden M.D.

Address 1904 E. Lafayette St.

Date July 9 1906.

Place of Burial Baltimore. Cem.

Date JUL 10 1906 190

Undertaker Wm. J. Fry,

Address 921 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 14 — 91587 — Registered No. B 91587

132

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Davenport

{Residence, if in Baltimore, Give Street and Number.} 639 Cider Alley.

Duration of Residence in Baltimore. All Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jessie Dael

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cal

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Dael

(Address) 648 S. Cider alley

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 9 1906 that I last saw h[er] alive on July 9 1906, and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Peritonitis

(DURATION) 14 DAYS

Con'tributory (Primary.) Salpingitis

(DURATION) ... DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date July 9 1906

Place of Burial Laurel Cemetery

Date July 10 1906

Undertaker Alex Hennebery

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward [illegible] 91588 Registered No. B 91588

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 212 Richmond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Savannah Howard

{Residence, if in Baltimore, Give Street and Number.} 212 Richmond St.

Duration of Residence in Baltimore. 3yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 18 1903

AGE: 3 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Edward Howard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lucy Smith.

BIRTHPLACE OF MOTHER (State or country): A.A. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Walker

(Address) 212 Richmond St.

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 1906 that I last saw h[illegible] alive on July 8 1906, and that death occurred, on the date stated above, at 4.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlatina

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date July 9, 1906.

Place of Burial Edmonton Anderandel Co Md

Date July 10th 1906

Undertaker R & E Colt

Address 506 Eutaw Ave

11 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 27th

HEALTH DEPARTMENT, City of Baltimore.

91589 Registered No. B 91589

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Bedford.

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum (227 Herring Court)

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Samuel Bedford

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Isabella Petis

BIRTHPLACE OF MOTHER (State or country): Richmond Va.

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 8 1906 that I last saw him alive on July 8 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W M Quinnelle M.D.

Address Bay View Asylum

Date July 8 1906

Place of Burial Mt. Zion Cemetery

Date July 11th 1906

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

91590

22

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91590

Registered No. B.....

City of Baltimore, (No. 84 Estee St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy W. Hildebrandt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: ..... years, 2 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Mary Hildebrandt
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Fremont

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 9 1906 that I last saw him alive on July 8 1906, and that death occurred, on the date stated above, at 10:30 A.M. The CAUSE OF DEATH was as follows:

Meningitis tuberculosis
Chronic hydrocephalus

(DURATION) 7 DAYS

Contributory .....

(DURATION) 7 DAYS

(Signed) C. T. Smith M. D.

July 9 1906 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Hill	July 10th 1906
UNDERTAKER	ADDRESS
John J. Fields	1200 W. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City

Ward 10

91591 Registered No. B 91591

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 300 Harris Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marie Helena Meike.

{Residence, if in Baltimore, Give Street and Number.} 300 Harris Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 18, 1906

AGE: — years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Eddie Meike.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Minnie E. Margay

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fields

(Address) 1200 W. Lombard

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1906

I HEREBY CERTIFY, That I attended deceased from July 1, 1906 to July 9, 1906 that I last saw h[illegible] alive on July 7, 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

A. Marasmus

(DURATION) 11 DAYS

Contributory (Primary.) Had feeding. (DURATION) Days

(Signed) Albert F. Chambers M.D.

Address 614 S. Pacast,

Date July 9, 1906

Place of Burial Holy Cross

Date July 11th 1906

Undertaker John L Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 **HEALTH DEPARTMENT, City of Baltimore.**

91592 *Registered No.* **B** 91592

CERTIFICATE OF DEATH.

105

(Place of Death.) *No.* 1121 Wilcox *St.* (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Charles Creswell Bush

{ *Residence, if in Baltimore, Give Street and Number.* } 1112 Wilcox St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 3rd. 1904

AGE: 1 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John L. Bush

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Alberta Creswell.

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1121 Wilcox St

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from for two weeks past 190 to 190

that I last saw h[illegible] alive on July 8 1906, and that death occurred, on the date stated above, at 5-10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric colitis

2 weeks (DURATION) DAYS

Con'tributory (Primary) Cerebro meningitis

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date July 9 1906

Place of Burial Oak Lawn Cemetery

Date July 11 1906

Undertaker Henry Hauck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 91593

City of Baltimore, (No. Notre Dame Roquette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Eliza Hoye

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: July (Month) 16 (Day) 1878 (Year)

AGE: 27 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frostburg Md.

FULL NAME OF FATHER: Park Hoye

BIRTHPLACE OF FATHER (State or country): Easton Pa

MAIDEN NAME OF MOTHER: Elizabeth Conroy

BIRTHPLACE OF MOTHER (State or country): Frostburg Md

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Roquette

Filed 7/10 1906

HARRY C. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to July 9 1906 that I last saw h[illegible] alive on July 6 1906, and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) 1 yr 2 mos

Contributory ..... (DURATION) ..... DAYS

(Signed) Jack L Stark M. D.

July 9 1906 (Address) 110 E Franklin

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount (Private) — DATE OF BURIAL: July 10 1906

UNDERTAKER: A. Fink & Son — ADDRESS: 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91594

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91594

City of Baltimore, (No. 2 45 N. Arlington Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola C. Weldon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro.

DATE OF BIRTH: November (Month) 12 (Day) 1898 (Year)

AGE: 7 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Weldon

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Rosa Johnson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Ingleheart M.D.

(Address) 707 Carrollton Ave

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7th 1906 to July 8th 1906

that I last saw her alive on July 8th 1906,

and that death occurred, on the date stated above, at 3:10 P. M. The CAUSE OF DEATH was as follows:

General Peritonitis

(DURATION) DAYS

Contributory Intestinal Obstruction

(DURATION) DAYS

(Signed) J. Howard Ingleheart M. D.

July 9th 1906 (Address) 707 Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: July 11 1906

UNDERTAKER: Jno. H. Toadvine & Wheeler | ADDRESS

N.B. a.d.j.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91595

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91595

City of Baltimore, (No. 611, Greenmiller St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Henry Randall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Philip Randall ~~Susan Harris~~

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: ~~Philip Randall~~ Susan Harris

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Randall

(Address) 611 Greenmiller St

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 10th 1906 to July 4th 1906

that I last saw h— alive on July 4 1906,

and that death occurred, on the date stated above, at 6 — M. The CAUSE OF DEATH was as follows:

Phthisis Pulm

Duration Chron (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) J. H. Feldmann M. D.

July 9 1906 (Address) 1920 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Funeral Director

DATE OF BURIAL July 10 1906

UNDERTAKER Jno H. Fowlkes

ADDRESS 206 W Hill

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 91596 — Registered No. B 91596

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 726 & 728 Chappell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph James Gail

{Residence, if in Baltimore, Give Street and Number.} 1419 Vincent Ally

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Col

DATE OF BIRTH ~~July 9~~ ~~1906~~

AGE 23 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joseph R. Gail

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E. Harris

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. Gehrenbeck

(Address) 211 N. Lanvale

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 9 1906

that I last saw h alive on July 9 1906,

and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gehrenbeck M.D.

Address 211 N. Lanvale

Date July 9 1906

Place of Burial Laurel Bank

Date July 12 1906

Undertaker Wm. J. Johnson

Address 1400 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 13 — 91597 — Registered No. B 91597

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 139 Carroll st (Woodberry) St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joseph Frank Jamison

{Residence, if in Baltimore, Give Street and Number.} 139 Carroll st (Woodberry)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: 22nd Day of March 1906

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Joseph Frank Jamison

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Addie May Shipley

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F. Jamison

(Address) 139 Carroll st

Filed 7/10 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to July 9 1906 that I last saw h[illegible] alive on July 7 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia
abort — (DURATION) ..... DAYS

Contributory (Primary.) Icterus neonat
or um — (DURATION) 110 DAYS

(Signed) R. B. Norment M.D.

Address 3543 Chestnut Ave

Date July 9th 1906

Place of Burial St Marys Hampden

Date July 10th 1906

Undertaker Wm E. Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 15 — 91598 — Registered No. B 91598

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 3436 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Glen Edward Hanes

{Residence, if in Baltimore, Give Street and Number.} 3436 Cedar ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Dec 22 nd 1905

AGE: ..... years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John. E. Hanes

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

MAIDEN NAME OF MOTHER: Hennie. Chaney

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. E. Hanes

(Address) 3436 Cedar Ave

Filed 7/10 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 9 1906 that I last saw him alive on July 9 1906, and that death occurred, on the date stated above, at 12:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 6 DAYS

(Signed) E. R. Wang M.D.

Address 765 Mad Ave

Date July 9 1906

Place of Burial St. Marys Hampden

Date July 10th 1906

Undertaker Wm. E. Chenoweth & Son

Address 919-3rd Ave, Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 91599.

91599

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1038 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Hallech

{Residence, if in Baltimore, Give Street and Number.} 1038 N. Central ave

Duration of Residence in Baltimore. 7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13 1832

AGE: 74 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Abner Burnett

BIRTHPLACE OF FATHER (State or country): W Va Indian

MAIDEN NAME OF MOTHER: Martha Long

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Lancha & Laynee

(Address) 1534 Holbrook st

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to July 9th 1906

that I last saw h[illegible] alive on July 8th 1906

and that death occurred, on the date stated above, at 12 40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea &

Enteritis due to old age

(DURATION) 7 DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buell M.D.

Address 112 Caroline St

Date July 9th 1906

Place of Burial Rehland Balto Co Md

Date July 11 1906

Undertaker Henry Lutz

Address 1007 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91600

City of Baltimore, (No. 202, Friendship (Waverly) St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Margret Bauman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1827 (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Backman

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Anna Hall

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda L. Dillhunt

(Address) 202 Friendship St.

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 9 1906

that I last saw h[illegible] alive on July 9 1906,

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Entro Colitis

2 years (DURATION) DAYS

Contributory Acute attack

Entro Colitis (DURATION) 4 DAYS

(Signed) John A Evans M. D.

July 9 1906 (Address) 101 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	July 11, 1906
UNDERTAKER	ADDRESS
Wm Boon	602 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 14

91601 Registered No. B 9160[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 S. Gilmor St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Willmina Coberth

{Residence, if in Baltimore, Give Street and Number.} 211 S. Gilmor St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 2nd 1837

AGE 69 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Wicomico County Maryland

FULL NAME OF FATHER John Crockett

BIRTHPLACE OF FATHER (State or country) Wicomico County

MAIDEN NAME OF MOTHER Jemima Crockett

BIRTHPLACE OF MOTHER (State or country) Wicomico County

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd Coberth

(Address) 211 S. Gilmor St

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday 7" 1906

I HEREBY CERTIFY, That I attended deceased from Jany 28" 1906 to July 7" 1906

that I last saw h[illegible] alive on July 7" 1906

and that death occurred, on the date stated above, at 7[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary) Phthisis Pulmonalis (DURATION) 5 DAYS

(Signed) O'Blaney M.D.

Address 1103 E. Gilmor St

Date July 8" 1906

Place of Burial Loudon Park

Date July - 10 1906

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 91602 Registered No. B 91602

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Lying-in Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Jackson

{Residence, if in Baltimore, Give Street and Number.} 318 Hutton St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 8 1906

AGE: — years, — months, 15 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Eugene Jackson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Carrie Harris

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. G. Lack MD

(Address) Maryland Lying in

Filed 7/10 1906 V

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 9 1906

that I last saw h alive on July 9 1906

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

15 hrs Old Chill

Born 2 P.M. July 8.

Died 6 A.M. July 9.

(DURATION) DAYS

Contributory (Primary) Weak Heart

(DURATION) DAYS

(Signed) Hunt Rowland MD M.D.

Address Maryland Lying in Hosp

Date July 9 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 9 - 1906 1906

Undertaker

Address Health Department

Living in Dept. Md. Gen'l Hospital

Commissioner Health,

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

91

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 91603 Registered No. B 91603

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 817 St. Paul Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis T. Flavio

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 30 days

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Blk.
DATE OF BIRTH	1
AGE ..... years, ... months, 30 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/10 1906 HARRY O'T ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from .....1906.....to.....1906.....

that I last saw h.....alive on.....1906.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date .....1906.....

Place of Burial..... JOHNS HOPKINS HOSPITAL JUL 9 - 1906 Commissioner Health

Date .....1906.....

Undertaker.....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 91604 — Registered No. B 91604

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Washington

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Feb. 22 1906

AGE: ..... years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to July 9 1906 that I last saw h[e]r alive on July 8 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 34 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 9 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 9 - 1906 1906

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

19

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 91605 — Registered No. B 91605

168

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Davis —

{Residence, if in Baltimore, Give Street and Number.} 1409 Parish Alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: July 7th 1906

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herself

(Address) 1409 Parish Alley.

Filed 7/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 7 1906

I HEREBY CERTIFY, That I attended deceased from July - 6 1906 to July 7 1906 that I last saw h.. alive on July 7 1906 and that death occurred, on the date stated above, at 3¹ P M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 21 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAY.

(Signed) M. W. Shorb M.D.

Address MS Homoeo Hospital

Date July - 7 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 9 - 1906 190

Undertaker

Address Health Department

Commissioner of Health.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19 0

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91606

Registered No. B

City of Baltimore, (No. 152 W. Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~Black~~ Black

DATE OF BIRTH: July (Month) 21 (Day) 1905 (Year)

AGE: 0 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: White

BIRTHPLACE OF FATHER (State or country): Massachusetts

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Richmond Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw him alive on July 1 1906,

and that death occurred, on the date stated above, at 5.15 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory Heat.

(DURATION) DAYS

(Signed) Nathan Herman M. D.

July 2 1906 (Address) 1708 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 5 1906 190...

UNDERTAKER

ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

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FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT

Ward 4

91607 Registered No. B 91607

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothi Stromer

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE (30) 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) St. Mary Co - Md

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 - 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 6 1906

that I last saw h-r alive on July 6 1906,

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm G. Sorey M.D.

Address City Hospitals

Date July 8 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 9 - 1906 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

190

91608

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 91608

City of Baltimore, (No. Nursery & Childs Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Sept. (Month) 29 (Day) 1905 (Year)

AGE: ..... years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/10 1906 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1905 to July 9 1906

that I last saw her alive on July 8 1906,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Marasmus

Life (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Ruhrah M. D.

1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ✓ How long at Place of Death? 9 days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. DATE OF BURIAL: JUL 9 - 1906

UNDERTAKER: Commissioner Health. ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

BARRY G. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, City of Baltimore.

91609

Ward 15 — 91609 — Registered No. B 91609

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1328 Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy B. Urian

{Residence, if in Baltimore, Give Street and Number.} 1328 Baltimore st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 700 Lexington Ave (Corner)

Date July 7th 1906

Place of Burial COLLEGE OF P. & S. JUL 9 - 1906

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

POOR ASYLUM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

19

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 91610 — Registered No. B 91610

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland Homoeopathic Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Williams

{Residence, if in Baltimore, Give Street and Number.} 27 Hennings Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Servant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amy Young

(Address) 836 N Fulton

Filed 7/10 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to July 8 1906 that I last saw h[illegible] alive on July 8 1906 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

c.

Hemoptysis (DURATION) 1/4 DAYS

Con'tributory (Primary.) Tuberculosis (DURATION) 36 1/2 DAYS

(Signed) M. W. S Hoob M.D.

Address Md Homoeo Hospital

Date July 8 1906

Place of Burial Mt Auburn Cem

Date July 11 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 91611

91611

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2604 Hudson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Zaporoski

{ Residence, if in Baltimore, Give Street and Number. } # 2604 Hudson St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, 10 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Henry Zaporoski.	
BIRTHPLACE OF FATHER (State or country): Germany.	
MAIDEN NAME OF MOTHER: Stephania Redzeneki.	
BIRTHPLACE OF MOTHER (State or country): Germany.	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Zaporoski.

(Address) 2604 Hudson St.

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 9 1906 that I last saw h.. alive on July 8 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date July 9th, 1906

Place of Burial St. Stanislaus.

Date Tuesday July 10" 1906

Undertaker M F. Zaborowski

Address 903 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91612

109

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91612

City of Baltimore, (No. 2410, Hudson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Veronica Szymaszek

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: White

DATE OF BIRTH: — — 1 (Month) (Day) Year)

AGE: 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph Szymaszek

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Josephine Tolus

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Szymaszek

(Address) 240 Hudson

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 9 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 9 1906

that I last saw h[illegible] alive on July 9 1906,

and that death occurred, on the date stated above, at 1 p. m. The CAUSE OF DEATH was as follows:

Intestinal Rickets

(DURATION) 8 DAYS

Contributory Pneumonia

(DURATION) 2 DAYS

(Signed) G. G. Blades M. D.

July 10 1906 (Address) 121 Jackson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: July 10 1906

UNDERTAKER: Jacob Frankenstein | ADDRESS: 428 S. Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

91613

91613 Registered No. B 91613

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier #10 Locust Point St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Levin Cornish. 6.

{Residence, if in Baltimore, Give Street and Number.} 1024 Park Ave

Duration of Residence in Baltimore. 33 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: Joseph Cornish

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cornish (wife)

(Address) 1024 Park Ave

Filed 7/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date July 9 1906.

Place of Burial Mt Auburn Cemetery

Date July 11th 1906

Undertaker Peter B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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65

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91614

City of Baltimore, (No. 1743 E Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret M Jenkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 23 1835 (Month) (Day) (Year)

AGE: 70 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James B Jenkins

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Clara Flush

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margaret Jenkins

(Address) 1743 E Lombard St

Filed 7/10 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1906 to July 9 1906 that I last saw h[illegible] alive on July 8 1906 and that death occurred, on the date stated above, at 9[15] A. M. The CAUSE OF DEATH was as follows:

Cerebral Softening

(DURATION) 6m DAYS

Contributory Marasmus

(DURATION) June 6 DAYS

(Signed) H. S. Guy M. D.

July 9 1906 (Address) 1731 E Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: July 11 1906

UNDERTAKER: Wendell Zeppel & S — ADDRESS: 330 S Bond St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91615

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91615

City of Baltimore, (No. 935, W. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Josephine Thompson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June (Month), 20 (Day), 1851 (Year)
AGE	55 years, — months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Charles Satz.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Mary E. Rummel.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Gray.

(Address) 1514 E Fayette St.

Filed 7/10 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month), 8th (Day), 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15, 1906 to July 8, 1906

that I last saw her alive on July 8, 1906,

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary hemorrhage, incident to pulmonary gangrene. (?)

Immediately fatal (DURATION) ..... DAYS

Contributory Diabetes Mellitus.

— (DURATION) — DAYS

(Signed) H. K. Arthur M. D.

July 8 1906 (Address) 1516 Lexington.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 11 1906
UNDERTAKER	ADDRESS
F. A. Krause & Bro	703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

91616

Ward ..... Registered No. B 91616

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 2100 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walburga Franz

{ Residence, if in Baltimore, Give Street and Number. } 2100 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10 1858

AGE: 48 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Michael Franz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Walburga Weisman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Germanus Franz

(Address) 1901 Bank St.

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1906

I HEREBY CERTIFY, That I attended deceased from June 27, 1906 to July 9, 1906 that I last saw h[illegible] alive on July 9 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1[illegible] E. Lombard

Date July 9, 1906

Place of Burial Holy Redeemer Cem.

Date July 11th 1906

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 91617 — Registered No. B 91617

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie E. Fales

{ Residence, if in Baltimore, Give Street and Number. } 515 S. Madeira St.

Duration of Residence in Baltimore. about 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 16, 1828

AGE: 77 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schaefers

(Address) 515 S. Madeira St.

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1906

I HEREBY CERTIFY, That I attended deceased from July 1, 1906 to July 9 1906 that I last saw h alive on July 9, 1906, and that death occurred, on the date stated above, at 2

I. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1111 E. Baltimore

Date July 9th, 1906

Place of Burial Sacred Heart Cem.

Date July 12th 1906

Undertaker Germania Funeral

Address Back & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 91618 — Registered No. B 91618

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred V. Johnson

{Residence, if in Baltimore, Give Street and Number.} 131 N. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mary Cole

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 131 n dallas st

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1906

I HEREBY CERTIFY, That I attended deceased from ...1906... to ...1906...

that I last saw h... alive on ...1906...,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Revell M.D.

Address 1006 Eutaw Pl

Date July 9 — 06 1906

Place of Burial Woodbury cemetery

Date July 10 1906

Undertaker E. Bryan

Address 2156 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 23 — 91619 — Registered No. B 91619

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Patapsco St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 1805 Patapsco. -

Duration of Residence in Baltimore. 30 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1 at 1850

AGE: 56 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: Philip Zimmerman

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Elizabeth Meusch

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Zimmerman (wife)

(Address) 827 S Caca St.

Filed 7/10 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906.

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 9 1906 — that I last saw him alive on July 9 1906 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure resulting from Excessive Diarrhoea.

(DURATION) 9 DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 9 DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date July 10 1906

Place of Burial Western Cem

Date July 12th 1906

Undertaker E. Schlonaud & Son

Address 109 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 91620

City of Baltimore, (No. 202 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marclian Anderson -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St. Marys Co Md.

FULL NAME OF FATHER: N. Murdock.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Hicks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Parker

(Address) 202 W. Mulberry

Filed 7/10 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 10th 1906 to July 10th 1906, that I last saw h[er] alive on June 30th 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Dropsy, from Valvular disease of the Heart.

Two Years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Louis W. Knight M. D.

July 10th 1906 (Address) 414 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: July 11th 1906

UNDERTAKER: Felix B Pye

ADDRESS: 1 & 2 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B 91621

91621

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 W Rabow St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant S/ John & Sallie Washington

{ Residence, if in Baltimore, Give Street and Number. } 1209 W Rabow St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: July 5th 1906

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 1209 Rabow St

FULL NAME OF FATHER: John Washington

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sallie Blade

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father John Washington

(Address) 1209 Rabow St.

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 9th 1906

that I last saw him alive on July 9th 1906,

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Mortimer M.D.

Address 251 Fulton Ave

Date July 10th 1906

Place of Burial Mt Auburn Cemetery

Date July 10th 1906

Undertaker Felix B Pye.

Address 112 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 91622 — Registered No. B 91622

125

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George L. Wild.

{Residence, if in Baltimore, Give Street and Number.} 8 Brady Ave.

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 14 1834

AGE: 72 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Wild

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Schrum

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. W. Wild

(Address) 8 Brady ave

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 10th 1906 that I last saw h[illegible] alive on July 10th 1906, and that death occurred, on the date stated above, at 230 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

(DURATION) DAYS

Contributory (Primary.) Enlarged prostate gland

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Joseph's Hospital

Date July 10th 1906

Place of Burial London Park Cem

Date July 12 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B 91623

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1031 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Myers 6.

{ Residence, if in Baltimore, Give Street and Number. } 1031 S Eutaw St.

Duration of Residence in Baltimore 4 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Colored.
DATE OF BIRTH	Don't know.
AGE	38 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Calvert Co Md.
FULL NAME OF FATHER	John Myers 6.
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md.
MAIDEN NAME OF MOTHER	Julia A Gant 6.
BIRTHPLACE OF MOTHER (State or country)	Calvert Co Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelius Johnson 6. (Brother in law)

(Address) 1031 S. Eutaw St.

Filed July 11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 8. 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw ~~him~~ alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July. 8. 1906

Place of Burial Cove Point. Calvert Co. Md.

Date July 11, 1906.

Undertaker John H. Toadvin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 91624 — Registered No. B 91624

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kenneth McAlmen.

{ Residence, if in Baltimore, Give Street and Number. } 827 Chesapeake St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: Sept 4th 1901

AGE: 3 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Richard McAlmen.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Welsh.

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. McAlmen

(Address) 827 Chesapeake St

Filed July 11 1906 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to July 8th 1906 that I last saw h.. alive on July 8th 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malaria + Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Acute Dysentery

(DURATION) DAYS

(Signed) Herman J. Gerwig M.D.

Address 1937 Eastern Ave.

Date July 10th 1906

Place of Burial Mt Carmel Cemetery

Date July 11th 1906

Undertaker J. C. Schuh & Son

Address 1730 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91625

City of Baltimore, (No. 1323 N Gilmor St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Douglas Samuel Gardner

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	Sept. (Month) 29th (Day) 1905 (Year)
AGE	..... years, 9 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Hugh P Goodner
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Elizabeth Bell
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Goodner

(Address) 1323 N Gilmor St

Filed July 11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to ——— 1906

that I last saw him alive on July 10th 1906

and that death occurred, on the date stated above, at 4:30 P.M. The CAUSE OF DEATH was as follows:

Malnutrition (DURATION) 4 DAYS

Contributory Summer Diarrhoea (DURATION) 10 DAYS

(Signed) H. C. Chaney M. D.

July 10 1906 (Address) 1419 E Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Govan Cemetery — DATE OF BURIAL JUL 12 1906

UNDERTAKER Wm. D. Fry — ADDRESS 921 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 91626 — Registered No. B 91626

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 832 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Johnson

{Residence, if in Baltimore, Give Street and Number.} 832 William St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Oct 27th 1832

AGE 73 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml P. Johnson

(Address) 832 Williams St

Filed 7/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from June 14th 1906 to July 9th 1906

that I last saw h— alive on July 9 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Femur.
Shock

3 Wks (DURATION) DAYS

Contributory (Primary.) Senile debility (DURATION) DAYS

(Signed) Wm Lee M.D.

Address 835 Light St

Date July 10th 1906

Place of Burial MOUNT OLIVET. JUL 11 1906

Date 190

Undertaker Armstrong Denny Co. 715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 91627 — Registered No. B 91627

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 Plymouth Ave (Woodbury) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Appleby

{ Residence, if in Baltimore, Give Street and Number. } 23 Plymouth Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: April 4th 1906

AGE: — years, 3 months, 6 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm A. Appleby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Bessie M. Poe

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Appleby

(Address) 23 Plymouth Ave 405

Filed 7/11 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 11 1906

that I last saw him alive on July 11 1906

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 11 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) L. R. Wurtz M.D.

Address 765 3rd Ave

Date July 10 1906

Place of Burial St. Mary's Homewood

Date July 11 1906

Undertaker Horace Burns

Address 3631 Fair Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 91628 — Registered No. B 91628

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 314 Delwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Betts

{ Residence, if in Baltimore, Give Street and Number. } 314 Delwood Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	January 26 1828
AGE	78 years, 5 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Betts
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Eliz. ———
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Millwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard H. Betts

(Address) 314 Delwood Ave

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to July 9 1906

that I last saw h.im alive on July 9 1906

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

Brights disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D H Smith M.D.

Address 706 E Lan

Date July 10th 1906

Place of Burial Western Cemetery

Date July 11 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91629

City of Baltimore, (No. 1714 Sherman Pl. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Thomas.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: January (Month) 30 (Day) 1906 (Year)

AGE: ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jordan Davis

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Nellie Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Barber

(Address) 1035 Guilford Ave.

Filed 7/11 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 9 1906 that I last saw h-- alive on July 7 1906, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Acute Cholera Infantum
Died in Convulsions / Eclampsia
Febrile Intestinal absorption
Toxemia (DURATION) 5 DAYS

Contributory Bad attendance (DURATION) ..... DAYS

(Signed) H. Barber M. D.

July 10 1906 (Address) 1035 Guilford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: July 11 1906

UNDERTAKER: W. F. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. B 91630

91630

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1337 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arnett M. Hammond

{Residence, if in Baltimore, Give Street and Number.} 1337 N. Calhoun St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	July 1, 1904
AGE	2 years, months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	City.
FULL NAME OF FATHER	Edward Elias Hammond
BIRTHPLACE OF FATHER (State or country)	A. A. Co.
MAIDEN NAME OF MOTHER	Mary Elizabeth Singleton
BIRTHPLACE OF MOTHER (State or country)	City.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Hammond

(Address) 1337 Calhoun St

Filed 7/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 10 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to 1906

that I last saw him alive on July 10 1906,

and that death occurred, on the date stated above, at 9.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea.

3 weeks (DURATION) DAYS

Contributory (Primary.) Rickets (DURATION) DAYS

(Signed) Wm. H. Myers. M.D.

Address 1373 N. Calhoun

Date July 10 1906

Place of Burial Laurel

Date July 11th 1906

Undertaker Robert A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 91631 — Registered No. B 91631

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 328. W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie Brown

{Residence, if in Baltimore, Give Street and Number.} 328 W. Henrietta St.

Duration of Residence in Baltimore. 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Colored

DATE OF BIRTH February 1. 1880

AGE 26 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER Samuel Parker b.

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Annie Smith b.

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Dickerson b.

(Address) 328 W Henrietta St

Filed 7/11 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date July 9. 1906

Place of Burial Parker's Whf. Calvert Co. Md.

Date July 11, 1906

Undertaker John H. Troadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

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91632

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91632

City of Baltimore, (No. 204, W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Spriggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jno. H. Spriggs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Howard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Lizzie Spriggs

(Address) 204 W. Hamburg

Filed 7/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 9 1906

that I last saw him alive on July 8 1906,

and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) 3 mos DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. E. Arnold, M. D.

July 10 1906 (Address) 828 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 11 1906

UNDERTAKER: Jno H Goudon

ADDRESS: Druid Hill Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 91633 Registered No. B 91633

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elane Koetzyle

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	July 1 1906
AGE	— years, — months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	D. C.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) St. V. I. Asy.

Filed 7/11 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 10 1906 that I last saw h[illegible] alive on July 9 1906, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. N. Hayward, M.D.

Address 1230 N. Caroline St

Date July 10, 1906

Place of Burial New Cathedral

Date July 11 1906

Undertaker Martin Fahey & Sons,

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

91634 . Registered No. B 91634

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Munday,

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant asylum

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: July 25, 1906

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md. City

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or couatry): "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asylum.

Filed 7/11 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 10 1906 that I last saw her alive on July 9 1906, and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N. Caroline St.

Date July 10, 1906

Place of Burial New Cathedral

Date July 11 — 1906

Undertaker Martin Fahey & Sons.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B 91635

CERTIFICATE OF DEATH. 91635

(Place of Death.) No. 1300 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rev. Edward Huber

{Residence, if in Baltimore, Give Street and Number.} 1300 E Fayette st

Duration of Residence in Baltimore. 23 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 22nd 1845

AGE: 61 years, ... months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Switzerland

FULL NAME OF FATHER: John Ulrich Huber

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Margaret Huber

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura H Huber Wife

(Address) 1300 E Fayette st

Filed 7/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 9 1906

I HEREBY CERTIFY, That I attended deceased from Mch. 26, 1906 to July 9, 1906 that I last saw him alive on July 9, 1906 and that death occurred, on the date stated above, at 6.22 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

about 10 Mo. (DURATION) ..., DAYS

Contributory (Primary)

Asthenia (DURATION) 8 Weeks

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date July 10, 1906

Place of Burial St Mathews Cemetary

Date July 13th 1906

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 91636 — Registered No. B 91636

CERTIFICATE OF DEATH.

(Place of Death.) No. 2037 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Rosa Smith

{Residence, if in Baltimore, Give Street and Number.} 2037 Booth St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 26th 1905

AGE: ..... years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry E. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie L Stange

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L Stange

(Address) 2037 Booth St.

Filed 7/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to July 10th 1906 that I last saw her alive on July 9th 1906, and that death occurred, on the date stated above, at 11-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date July 10th 1906

Place of Burial Western Cem.

Date July 12 1906

Undertaker Wm Cook & Co

Address 1012 E Fairmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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91637

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91637.

City of Baltimore, (No. 1121, Thomson St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Snyder

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 15 1863 (Month) (Day) (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): B.C.

FULL NAME OF FATHER: Henry Snyder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Kyle

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Snyder

(Address) 1121 Thomson St

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1906 to January 10 1906

that I last saw him alive on January 9 1906,

and that death occurred, on the date stated above, at 9 30 A. M. The CAUSE OF DEATH was as follows:

Val. Dis of Heart - emphysema

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Geo Wellington M. D.

July 10 1906 (Address) 6 N. Bradley

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: July 13 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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91636

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91638

City of Baltimore, (No. 1008 W. Lafayette ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William George Hasley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 21st 1905 (Month) (Day) (Year)
AGE	— years, 10 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm G. Hasley
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Laura G. Clark
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm G. Hasley

(Address) 1008 W. Lafayette

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 9 1906

that I last saw him alive on July 9 1906,

and that death occurred, on the date stated above, at 11.20 P.M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) Rue S Tibbett M.D.

JUL 10 1906 N. E. Cor. Lafayette & Carrollton Av.
(Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 11 1906
UNDERTAKER	ADDRESS
Geo J Smith Co.	1002 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 91639

91639

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 Penn. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Ziliuskas.

{ Residence, if in Baltimore, Give Street and Number. } 107 Penn. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 20, 1906
AGE	— years, 3 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Ludwig Ziliuskas.
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Marie Millowfsky
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Child

(Address) 107 S Penn St

Filed 7/11 1906 — HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from July 9, 1906 to July 9, 1906 that I last saw h[illegible] alive on July 9, 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.) Bad feeding

(DURATION) [illegible]

(Signed) Albert J. Chambers M.D.

Address 614 S. Paca St

Date July 10, 1906

Place of Burial St Alphonsus

Date July 10, 1906

Undertaker M. J. Funk

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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91640

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91640

City of Baltimore, (No. 78, Brick Hill St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mrs L. Bottle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr (Month) 6 (Day) 1906 (Year)

AGE: — years, 3 months, 6 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Saml T Bottle

BIRTHPLACE OF FATHER (State or country): Aberdeen Md

MAIDEN NAME OF MOTHER: Edith C Stitely

BIRTHPLACE OF MOTHER (State or country): Frederick Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml T. Bottle

(Address) 78 Brick Hill

Filed 7/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 10 1906

that I last saw h[illegible] alive on July 9 1906

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Summer Diarrhoea

Collapse

(DURATION) 10 DAYS

Contributory (Bellevue Hospital)

(DURATION) DAYS

(Signed) [illegible] M. D.

July 10 1906 (Address) 809 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: St Mary Hampden

DATE OF BURIAL: July 11 1906

UNDERTAKER: Wm E Chenoweth & Son

ADDRESS: 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

91641 Registered No. B 91641

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 636 W. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Josefie Woecheskowska

{ Residence, if in Baltimore, Give Street and Number. } 636 W. Lombard St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6 1906

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Francis[illegible] Wojciechowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Lucowska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Wojciechowski

(Address) 632 W Lombard

Filed 7/11/06 BARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to July 10 1906 that I last saw her alive on July 10 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & general Debility

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Fluhr M.D.

Address 1119 E. Balto. St

Date July 11th 1906

Place of Burial Holy Rosary

Date 7/11 1906

Undertaker Jacob Frankowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 91642 — Registered No. B 91642

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Edmondson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Philipina Lenois

{Residence, if in Baltimore, Give Street and Number.} 1533 Edmondson ave

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 12 1824

AGE 82 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Wm Minster

(Address) 1533 Edmondson ave

Filed 7/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from Mar 20 1904 to July 9 1906

that I last saw h er alive on July 3 1906,

and that death occurred, on the date stated above, at 4 PM

11. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. A Strauss M.D.

Address 420 Hanover St

Date July 10 1906

Place of Burial Western Cemetery

Date July 12 1906

Undertaker Wm J Pickner and Son

Address Camden & Pace Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

91643 Registered No. B 91643

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mieczyslaw Kochanowski

{ Residence, if in Baltimore, Give Street and Number. } 918 S. Wolfe St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 27 1904

AGE: 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Kochanowski.

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Mary Nowakowska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kochanowski.

(Address) 918 S. Wolfe St

Filed 7/11/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from July 6, 1906 to July 6, 1906

that I last saw h alive on July 6, 1906

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. E. Oakley M.D.

Address 1 E. Broadway

Date Balto. City July 11, 1906

Place of Burial Holy Rosary

Date Wednesday July 11 1906

Undertaker M. F. Suchowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

9164

105

[redacted]

City of Baltimore, (No. 716, W Barre St.; Ward) Registered No. B 9164

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick J. Stickel Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 15 (Day) 1905 (Year)

AGE: 1 years, [illegible] months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fred Stickel

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Dunn

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stickel

(Address) 716 W Barre St.

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11 (Day) 1904 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 11 1906

that I last saw h[illegible] alive on July 11 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Contributory Indigestion (DURATION) DAYS

(Signed) B. Lee Thweatt M. D.

July 11 1906 (Address) 603 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Conn

DATE OF BURIAL: July 12 1906

UNDERTAKER: Wm J. Tickner & Sons

ADDRESS: Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — Registered No. B 91645

CERTIFICATE OF DEATH.

91645

(Place of Death.) No. Clifton Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary W. Chenoweth

{Residence, if in Baltimore, Give Street and Number.} Clifton Park

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH Nov. 22 1824

AGE 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Boston

FULL NAME OF FATHER James Wood

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. P. Chenoweth

(Address) 725 N. Carey st

Filed 7/11/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 3:15 M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

Dropsy

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Jos. L. Chenoweth M.D.

Address 1806 Brown Ave

Date July 9 - 06 190

Place of Burial Greenmount Cem.

Date July 12 1906

Undertaker Chas. E. Frauen

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the person setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.*** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 91646 — Registered No. B ~~9[illegible]~~ 91646

CERTIFICATE OF DEATH.

(Place of Death.) No. 1437 Richardson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Richter

{Residence, if in Baltimore, Give Street and Number.} (Always) 1437 Richardson St.

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 18 1902

AGE 3 years, 8 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Felix Richter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Wolf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Richter

(Address) 1437 Richardson st

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 10 1906 that I last saw her alive on July 10 1906, and that death occurred, on the date stated above, at 9.30 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Stahn M.D.

Address 1510 E. Fort Ave

Date July 11 1906

Place of Burial Holy Cross A.A.Co

Date July 11 1902

Undertaker Jos. Stumbles

Address 1318 Light st.

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 91647

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 S. Chapel St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Annie C. Schelter

{Residence, if in Baltimore, Give Street and Number.} 244 S. Chappel st.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct. 28 1840

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Kraus

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Schelter

(Address) 244 S. Chappel st.

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1906

I HEREBY CERTIFY, That I attended deceased from June 16, 1906 to July 9, 1906

that I last saw her alive on July 8, 1906

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 30

Contributory (Primary)

Cardiac Exhaustion (DURATION) 1/2

(Signed) Geo. Stellen

Address 1937 Gough St

Date July 10, 1906

Place of Burial St. Alphonsus

Date July 13

Undertaker Jas. J. Ver

Address 1914 E. Fa

J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

~~9107~~

HEALTH DEPARTMENT, CITY OF BALTIMORE. 91648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 91648

Registered No. B ~~9107~~

City of Baltimore, (No. 16½ Jefferson St.; Waverley Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mamie F Freburger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Jan 20 (Month) (Day) 1 1906 (Year)

AGE: ..... years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Freburger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eleanor Holmes

BIRTHPLACE OF MOTHER (State or country): Carroll Co MD

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor Freburger

(Address) 16 16½ Jefferson St

Filed 7/11 1906 Mavers Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 11 1906

that I last saw her alive on July 10 1906,

and that death occurred, on the date stated above, at 6.20 a M. The CAUSE OF DEATH was as follows:

Enteric Colitis

Probably ill week or two before my visit (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) W. G. Prentiss M. D.

July, 11 1906 (Address) 809 Gramercy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	July 14 1906
UNDERTAKER	ADDRESS
Wm J Schaffer	E S Front St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 3

91649 *Registered No. B* 91649

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* 1114 *St.* Philpot Alley

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Howard

Residence, if in Baltimore, Give Street and Number. 1114 Philpot Alley

Duration of Residence in Baltimore. 2 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1880

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/11 1906

HARRY J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St.

Date July 10 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 10 1906 190 ....

Commissioner of Health

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

91650 Registered No. B 91650

153

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Kay

{Residence, if in Baltimore, Give Street and Number.} 3849 Prospect Pl.

Duration of Residence in Baltimore. 1 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 6th 1906

that I last saw h— alive on July 6 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition.

(DURATION) 20 DAYS

Contributory (Primary.)

Dyspepsia duration 7 DAYS

(Signed) J. Whitridge Jr M.D.

Address 804 Cathedral St

Date July 9th 06. 1906

Place of Burial JOHNS HOPKINS HOSPITAL. JUL 10 1906 Commissioner of Health

Date 190

Undertaker

Address Health Department

Morgue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 91651 — Registered No. B 91651

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1514 Ramsey St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Dembinsky

{Residence, if in Baltimore, Give Street and Number.} 1514 Ramsey St

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 17th 1842
AGE	64 years, 4 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Switzerland
FULL NAME OF FATHER	John Smith
BIRTHPLACE OF FATHER (State or country)	Switzerland
MAIDEN NAME OF MOTHER	Anna Bruno
BIRTHPLACE OF MOTHER (State or country)	Switzerland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Dembinsky

(Address) 1514 Ramsey

Filed 7/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 10th 1906 that I last saw her alive on July 10th 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Dysentary

(DURATION) 3 DAYS

(Signed) Dr O Blaney M.D.

Address 1108 E. Fielder St.

Date July 11th 1906

Place of Burial Baltimore Co

Date July 12 1906

Undertaker Jos B Cook

Address 1003 Old Balto St

WM. J. C. DULANY CO., BALTIMORE.

14

91652

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91652

City of Baltimore, (No. 544 N Lafayette Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary J. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1843 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Patrick Carr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Smith

(Address) 544 N Lafayette

Filed 7/11 1906

HARRY C. ANDREWS, M.D.
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from for first 4 or 5 weeks 190 ..... to July 10th 1906 ..... that I last saw h[er] alive on July 8th 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Angina Pectoris

Duration Several weeks if not months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. F. Hill M. D.

July 10th 1906 (Address) 1200 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	July 12 1906
UNDERTAKER	ADDRESS
Joseph B Cook	1003 N Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 91653 — Registered No. B 91653

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 2128 W Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Zimmer

{Residence, if in Baltimore, Give Street and Number.} 2128 W Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 16 1904

AGE: 2 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John H Zimmerer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth A Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John H Zimmerer

(Address) 2128 W Vine St

Filed 7/11/06 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to July 10th 1906

that I last saw him alive on July 10th 1906

and that death occurred, on the date stated above, at 6 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Drainhead & Intestines

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin L. Mahoney M.D.

Address 125 N Fulton Ave

Date July 10th 1906

Place of Burial New Cathedral Cem

Date June 11 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Balti...

Ward 14

91654 Registered No. B 91654

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1837 Linden Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Babendreier

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. Most of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 8. 1854

AGE: 52 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. =

FULL NAME OF FATHER: Louis Babendreier

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline Babendreier

(Address) 1837 Linden ave

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from Jas to Jas 190..

that I last saw h.. alive on .. 190..,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carbolic acid poison, taken with suicidal intent, While Suffering from Melancholia, complicated with Diabetes.

(DURATION) .. DAYS

Contributory (Primary.)

(DURATION) .. DAYS

(Signed) J. D. Tyhurst M.D.

Address 211 N. Lemmon

Date July 10th 1906

Place of Burial Loudon Park

Date July 12 1906

Undertaker E. W. Mitchell

Address 1291 W. Fayette St =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

91655 Registered No. B 91655

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1432 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lennie L. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1432 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29th 1860

AGE 46 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fredk R. Landerman

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Eliza Tardwell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Johnson

(Address) 1432 N. Broadway

Filed 7/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1906 to July 10th 1906 that I last saw her alive on July 10th 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary) Asthenia

(DURATION) — DAYS

(Signed) G. C. Thieme M.D.

Address 1135 Highland Ave

Date July 11 1906

Place of Burial Lorraine Cemetery

Date July 13 1906

Undertaker H. Fuller Fuller

Address 2013 E Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

91656 Registered No. B 91656

114

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Harrison

{Residence, if in Baltimore, Give Street and Number.} 414 Dillon St

Duration of Residence in Baltimore. Ten years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Harrison

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Mary Nowels

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: House [redacted] Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Harrison

(Address) 414 Dillon St

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 10 1906

that I last saw h[illegible] alive on July 10 1906,

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Shock:-)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Abscess Liver

(DURATION) 10 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date July 11 1906

Place of Burial Asbury Cemetery

Date July 13. 1906

Undertaker Abr. Hennsley

Address 728 Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2nd — 91657 — Registered No. B 91657

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Everett

{Residence, if in Baltimore, Give Street and Number.} 311 S. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 13 1905

AGE: — years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William T. Everett

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Penty

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T. Everett

(Address) 311 S. Chapel St.

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1906

I HEREBY CERTIFY, That I attended deceased from July 10, 1906 to July 10 1906 that I last saw her alive on July 10 1906, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

Convulsions (DURATION) ½ DAYS

(Signed) Geo Hellyn M.D.

Address 1937 Gough St

Date July 11, 1906

Place of Burial St. Alphonsus Cem.

Date July 12th 1906

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

91658 91658

Ward Surg J Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. N. Wright

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 57 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR Col.

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William E. Wright.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret Innes

BIRTHPLACE OF MOTHER (State or country) Ireld.

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 10 1906

that I last saw h[im] alive on July 10 1906,

and that death occurred, on the date stated above, at 3.00 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) DAYS

Contributory (Primary.) Hypostatic Congestion

(DURATION) DAYS

(Signed) Wm Owens Le M.D.

Address

Date 190

Place of Burial Mt Olivet Baltimore Cemetery

Date July 13th 1906

Undertaker Henry Stocks Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

91659

Registered No. B 91659

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1422 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamilton S. Hoggson

{Residence, if in Baltimore, Give Street and Number.} 1422 Holbrook St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 16 1902

AGE: 3 years, 7 months, 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: George B. Hoggson

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Katie Klein

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hoggson

(Address) 1422 Holbrook St.

Filed 7/11 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1906

I HEREBY CERTIFY, That I attended deceased, from June 16th 1906 to July 10th 1906

that I last saw him alive on July 9th 1906,

and that death occurred on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lepto Illinogitis

(DURATION) 36 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1807 Eager St.

Date July 11th 1906

Place of Burial Holy Redeemer Cemetery

Date July 12th 1906

Undertaker Henry Storck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 91660 — Registered No. B 91660

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Marine Hospital, Baltimore, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Berrick

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 1 month, 18 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: not known

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): do.

MAIDEN NAME OF MOTHER: do.

BIRTHPLACE OF MOTHER (State or country): do.

OCCUPATION OF DECEASED: seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) Marine Hospital, Baltimore, Md.

Filed 7/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from May 25 1906 to July 11 1906 that I last saw h— alive on July 11 1906, and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valv. disease Heart
(aortic regurgitation)
Unknown

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address Marine Hospital, Baltimore, Md.

Date July 11 1906

Place of Burial Mt. Calvary

Date July 14 1906

Undertaker J. E. Hughes

Address 17 S. Broady

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91661

City of Baltimore, (No. 827 W. North Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Kuhn
Peter Kuhn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1828 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ~~~

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~~

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Kuhn

(Address) 827 N. North Ave

Filed July 12 1906

[illegible] PERMIT CLERK.

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 10th 1906

that I last saw him alive on July 10 1906,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Gastro-Nephritis

one year (DURATION) ..... DAYS

Contributory Cardiac Asthenia

(DURATION) 7 DAYS

(Signed) A. Heisman M. D.

July 12 1906 (Address) 1920 Lundy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hillsborough — DATE OF BURIAL: July 12 1906

UNDERTAKER: J. Abrams — ADDRESS: 1504 E. [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

91662

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91662

City of Baltimore, (No. 291 N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Nathan Mergerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Charles Mergerman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Libbie Suckrusky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marks Mergerman

(Address) 291 N. Eutaw st.

Filed July 12 1906

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 11 1906

that I last saw him alive on July 10 1906,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Sarcoma of Kidney

Exploratory incision made about 10 days ago

Exhaustion (DURATION) ..... DAYS

Contributory ..... about 30 DAYS
(DURATION)

(Signed) Lewis J. Rosenthal M. D.

July 11 1906 (Address) 1626 Eutaw ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mikveh Israel Cem.

DATE OF BURIAL: July 12 1906

UNDERTAKER: Wm Levinson

ADDRESS: 1138 Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

91663 Registered No. B 91663

85

CERTIFICATE OF DEATH.

(Place of Death.) No. 2054 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P. Lacy

{ Residence, if in Baltimore, Give Street and Number. } 2054 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	19 – 10 – 1871
AGE	35 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James J. Lacy
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Hurley
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Lacy

(Address) 2022 E. Balto. St.

Filed 7/12 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1906

I HEREBY CERTIFY, That I attended deceased from July 1, 1906 to July 12, 1906 that I last saw him alive on July 8, 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Stupor

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Balto. City July 12th, 1906.

Place of Burial Cathedral Cemetery

Date July 12 1906

Undertaker John A. Taiges

Address 923 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

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91664

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91664

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. Fulton Ave and Franklin St. Home for Aged M E. Church St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Sarah Farinholt

PERSONAL AND STATISTICAL PARTICULARS

SEX + Female

COLOR White

DATE OF BIRTH 1826 1 (Month) (Day) Year)

AGE 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wm Farinholt

BIRTHPLACE OF FATHER (State or country) Lancaster, Va.

MAIDEN NAME OF MOTHER Maria Kairle

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Fuld

(Address) 1302 Mosher St

Filed 7/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1906 to July 11 1906 that I last saw h alive on July 11 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) William E Burton M. D.

July 12 1906 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet — DATE OF BURIAL July 13th 1906

UNDERTAKER Geo J Smith & Co — ADDRESS 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 91665 — Registered No. B 91665

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 910 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Viola Walker

{Residence, if in Baltimore, Give Street and Number.} 910 N Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov 27th 1891

AGE: 14 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Walter

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary F. White

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Walter

(Address) 910 N. Wolfe St.

Filed 7/12 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1906

I HEREBY CERTIFY, That I attended deceased from June 25th 1906 to July 9th 1906

that I last saw her alive on July 9th 1906

and that death occurred, on the date stated above, at 12.15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 12 hours DAYS

Contributory (Primary.) Spinal Meningitis

(DURATION) 14 DAYS

(Signed) Wm. B. Fowler M.D.

Address 8304 Broadway

Date July 9th 1906

Place of Burial Baltimore Cem.

Date July 12 1906

Undertaker HENRY SAUER & SONS.

Address S. E. Cor Broadway & Balto Sts. and 1709-1710 Caston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

91666

Registered No. B 91666

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Sewell

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Chester St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 24 1906

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm. Sewell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katie Googove

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Sewell

(Address) 418 S. Chester St

Filed 7/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 7, 1906 to July 11, 1906

that I last saw h... alive on July 9, 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) 5 D

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) W. J. Bailey, M.D.

Address 418 S. Chester St.

Date July 11, 1906

Place of Burial St. Patricks

Date July 12

Undertaker HENRY SANDER & SON

Address S.E. COR. BROADWAY & FAYETTE

HARRY C. ANDREWS, REGISTRAR OF VITAL STATISTICS

WM. J. C... LANY CO., BALTIMORE.

...it further enacted and ordained, That whenever any person shall die in the said city it shall b... ...ing attended during his ... ...sickness, or the Coroner, when the case comes under ... ...ker, or other person superintending the burial, a cert... ...hours after ... ...x, age, condition (whether married or single) of the ...

91667

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91667

City of Baltimore, (No. 534 N. Burrough St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Wilke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 14 (Month) 15 (Day) 1846 (Year)

AGE: 46 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Tinsmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie wife of Wilke

(Address) 1530 Burrough St

Filed 7/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 10th July 1906 to 11 July 1906 that I last saw him alive on 11 July 1906, and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH was as follows:

From information received from St. Josephs Hospital Wilke was removed July 9th Carcinoma of Stomach (DURATION) ___ DAYS

Contributory Exhaustion (DURATION) ___ DAYS

(Signed) James Cooper M. D.

11 July 1906 (Address) 1322 Thud St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	July 12 1906
UNDERTAKER	ADDRESS
Jos. Stinebeck	1318 Light

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secur

SECTION 2. *And be it further enacted and ordained* the Physician who attended during his or her last sic *twenty-four hours after death*, to the Undertaker, or c

d correct record of Vital Statistics in the City of Baltimore.

er any person shall die in the said city it shall be the duty of oner, when the case comes under his notice, to furnish within tending the burial, a certificate setting forth, as far as the same

91668

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91668

Registered No. B .....

City of Baltimore, (No. 1725 Orleans St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Seferensky.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH May. 1st 1906
(Month) (Day) (Year)

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph. Seferensky.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Elia Dowary

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Seferensky

(Address) 1725 Orleans St.

Filed 7/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 12th 1906

that I last saw her alive on July 10 1906,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Gastro-Intestinal Indigestion

..... (DURATION) ..... DAYS

Contributory Malnutrition.

..... (DURATION) ..... DAYS

(Signed) A. L. Levy. M.D.

1906 (Address) 733 Augusta Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Bej Rowedale | DATE OF BURIAL July 12 1906

UNDERTAKER Mary Levinson | ADDRESS 1138 Lawrence St

WM. J. C. DULANY CO., BALTIMORE.

North Eastern Dispensary

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91669

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91669

City of Baltimore, (No. 1121 Binney St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stefania Potter

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Dec 7 (Month) (Day) 1905 (Year)

AGE: ..... years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jos Potter.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katie Brzela.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Potter. (Father)

(Address) 1121 Binney St.

Filed 7/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 11 1906 that I last saw her alive on July 11 1906, and that death occurred, on the date stated above, at One P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) — DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) John Potter M. D.

July 11 1906 (Address) 2007 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus.	July 12 1906
UNDERTAKER	ADDRESS
M F Sadowski.	703 S. Ampt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

91670

Registered No. B 91670

CERTIFICATE OF DEATH.

105

(Place of Death.) No. July 1509 Eastern ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Ruz

{Residence, if in Baltimore, Give Street and Number.} 1509 Eastern ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Feb 9 1906

AGE: ..... years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Ruz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sabanga Ruz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Ruz.

(Address) 1509 Eastern ave

Filed 7/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 11 1906

that I last saw h alive on July 10 1906

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate

acute Enteritis

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Wentzman M.D.

Address 16 E Lexington

Date July 11 1906

Place of Burial St Stanislaus

Date Thursday July 12 1906

Undertaker M F Gudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

91671

Registered No. B 91671

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1736 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kasimir Kszeszewski

{Residence, if in Baltimore, Give Street and Number.} # 1736 Alice Anna St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W

DATE OF BIRTH March 4 1906

AGE ..... years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Albert Kszeszewski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Wircouzk

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kszeszewski;

(Address) 1736 Alice Anna St

Filed 7/12 1906

BARRY C. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th, 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 11 1906 that I last saw h[illegible] alive on July 10 1906, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 7 DAYS

Signed) John H. Rohleger M.D.

Address # 709 Alice Anna St

Date July 12 1906

Place of Burial Holy Rosary

Date Thursday July 12 1906

Undertaker M. F. Duckowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 91672 — Registered No. B 91672

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Greer

{Residence, if in Baltimore, Give Street and Number.} 811 Fremont st.

Duration of Residence in Baltimore. 38

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Mich. Ryan

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Ellen Laverty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Merrick

Address 666 E. Madison st

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Rectum

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Benj. B. Hayden M.D.

Address 408 N. Exeter st Coroner

Date July 12 1906

Place of Burial Cathedral Cemetery

Date July 13 1906

Undertaker Daniel & Margaret J. Flynn

Address 420 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 91673

91673

Ward 20

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Cooper

{Residence, if in Baltimore, Give Street and Number.} 21 Lloyd st

Duration of Residence in Baltimore. 6 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH 1

AGE 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Ike Cooper

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ray Cooper

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Robt Cooper

(Address) 21 Lloyd st.

Filed 7/12 1906 HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to — 190, that I last saw h alive on 190, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain

Contributory (Primary) accd. fall (DURATION) DAYS

(DURATION) DAYS

(Signed) Benj. D. Hamburger M.D.

Address 408 N. Eutaw st. 1906

Date July 12

Place of Burial Philadelphia Road Rosedale 1906

Date July 12

Undertaker Max Levenson

Address 1188 Low st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 91674 — Registered No. B 91674

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 Portland St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Paulukiewicz Jr

{Residence, if in Baltimore, Give Street and Number.} 632 Portland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 24 1906

AGE: ..... years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Peter Paulukiewicz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Paulukiewicz

(Address) 632 Portland St.

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 11 1906 that I last saw him alive on July 11 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory. (Primary.) Meningitis (DURATION) 1 DAYS

(Signed) Henry Boyd M.D.

Address 602 Columbia

Date July 11 1906

Place of Burial St. Alphonsus

Date Thurs. July 12 1906

Undertaker Wm. J. Tuckner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 91675 — Registered No. B 91675

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 L. Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Vincent Seymour

{Residence, if in Baltimore, Give Street and Number.} 1711 L. Charles St

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: August 6 1905	
AGE: — years, 11 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: Thomas V. Seymour	
BIRTHPLACE OF FATHER (State or country): Winchester Md	
MAIDEN NAME OF MOTHER: Sarah E. Black	
BIRTHPLACE OF MOTHER (State or country): Balto Md.	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas V. Seymour

(Address) 1711 L. Charles St.

Filed Jul 17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 10 1906 that I last saw him alive on July 10 1906, and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Robt P. Schmidt M.D.

Address 1318 L. Charles St

Date July 11 1906

Place of Burial Mt Lowell

Date July 12th 1906

Undertaker Edw. J. Downing

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91676

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91676

City of Baltimore, (No. 1413 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Mother~~ Infant of Louise Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe

COLOR: ed

DATE OF BIRTH: — (Month) — (Day) 1 Year)

AGE: ..... years, ... months, 1/2 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Louise Murray

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1392 Prestman st

Filed 7/12 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1230 P. M. The CAUSE OF DEATH was as follows:

Premature birth, 6 mos Conception, child lived half hours.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. D. Gilbert Loreman M. D.

7.11 1906 (Address) 211 N. Laurens

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Zion	July 13 1906
UNDERTAKER	ADDRESS
James H Dennis	1392 Preston

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91677

City of Baltimore, (No. Franklin Square Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Janice Brightson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co

FULL NAME OF FATHER: John B. Brightson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jennie Bucee

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Brightson

(Address) 1807 Belmont Place

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 11th 1906

that I last saw h[illegible] alive on July 11th 1906,

and that death occurred, on the date stated above, at 5-30 P. M. The CAUSE OF DEATH was as follows:

Tetanus. from small wound inflicted me hand on July 4th by a blank Cartridge Developing 6 days prior July 10th,

(DURATION) about 2 DAYS

Contributory Respiratory Paralysis

(DURATION) DAYS

(Signed) Walter A. Wood M. D.

1906 (Address) Franklin Sq. Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 1807 Belmont Place

How long at Place of Death? about 2 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Smith Creek Md

DATE OF BURIAL: July 12 1906

UNDERTAKER: St Marys Co

ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

...WEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 91678 — Registered No. B 91678

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 402 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Ballard Hopkins

{Residence, if in Baltimore, Give Street and Number.} 402 N Carey St

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 6 1905

AGE: 1 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry M. Hopkins

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary C. Burton

BIRTHPLACE OF MOTHER (State or country): Orland, Del

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. A Temp

(Address) 8 W. 25th St

Filed 7/12 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 12 1906 that I last saw h... alive on July 12 1906, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enterocolitis

Cerebral Convulsions

(DURATION) 14 DAYS

Contributory (Primary)

Enterocolitis (DURATION) 21 DAYS

(Signed) W. F. A Kemp M.D.

Address 8 W 25th

Date July 12 1906

Place of Burial Mt Olivet Cem

Date July 14th 1906

Undertaker John E Hough Co.

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

91679

Registered No. B 91679

164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Christian Wieland

{Residence, if in Baltimore, Give Street and Number.} Hamilton ave near Harford Rd Balto Co

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert F. Struven

(Address) 321 W Lexington st

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to July 11th 1906

that I last saw h alive on July 8th 1906

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) DAYS

Contributory (Primary) Accidental

fall in mill (DURATION) DAYS

(Signed) Benj. D. Haughton M.D.

Address 408 N Exeter st Coroner

Date July 12, 1906

Place of Burial Jerusalem Southern Cemetery

Date July 14th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91680 Registered No. B 91680

175

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lehmann.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 50

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Robert Holyday. Supt

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 10 1906 that I last saw him alive on July 10 1906, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Inhalation Poisoning

(DURATION) ..... DAYS

Contributory (Primary.) Same

(DURATION) ..... DAYS

(Signed) H M Quinn M.D.

Address Bay View Asylum

Date July 11 1906 190.....

Place of Burial London Park

Date Thurs July 12 190 6

Undertaker Wm J Tukner & Sons

Address Camden & Paca

David A. Thompson Coroner.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

91681

Ward 17

Registered No. B 91681

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Druid Hill av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Wilson

{ Residence, if in Baltimore, Give Street and Number. } 924 Druid Hill av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Feby. 27th 1879

AGE: 27 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Wilson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Bowman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Wilson

(Address) 924 Druid Hill av

Filed 7/12 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about 4 mos. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bowman M.D.

Address 700 Laf. av. (Corner)

Date July 12th 1906

Place of Burial St. Peters Cemetery

Date July 13th 1906

Undertaker Felix B Pye.

Address 132 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91682

City of Baltimore, (No. 104, N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Heagerty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. (Month) 6" (Day) 1836 (Year)

AGE: 70 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Horseshoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Heagerty

(Address) 104 N Fulton Ave

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to July 1906 that I last saw him alive on July 10 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

Bladder (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Charles O'Donovan M. D.

July 12 1906 (Address) 10 E. Read St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	July 13 1906
UNDERTAKER	ADDRESS
E. Medicus Mitchell	1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

154

91683

Registered No. B .....

City of Baltimore, (No. 2221 W. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Guilelma G. K. Haines

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feby (Month) 23 (Day) 1824 (Year)

AGE 82 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael Warner

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Caroline Krebs

BIRTHPLACE OF MOTHER (State or country) Balti

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Warner M Haines

(Address) 2221 Carey st

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 10 1906 that I last saw her alive on July 10 1906, and that death occurred, on the date stated above, at 12 31 P.M. The CAUSE OF DEATH was as follows:

Senile Decay

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo H. Layton M.D.

190 (Address) 1700 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount | DATE OF BURIAL July 13 1906

UNDERTAKER E. Madison Mitchell | ADDRESS 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 91684 — Registered No. B 91684

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 532 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Friedlander

{Residence, if in Baltimore, Give Street and Number.} 532 S. Bond St.

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Morris Friedlander

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Eva Minnick

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Friedlander

(Address) 532 S Bond St

Filed 7/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 3 1906

that I last saw her alive on July 3 1906,

and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Josephson M.D.

Address 230 S. Bond St

Date July 12 1906

Place of Burial Philip Rd Boardale

Date July 12 1906

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 91685 — Registered No. B 91685

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 2222 N Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida O Hoff

{Residence, if in Baltimore, Give Street and Number.} 2222 N Charles St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 10th 1853

AGE 53 years, 0 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob Hoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Adeline Whitney

BIRTHPLACE OF MOTHER (State or country) Massachusetts

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H F Going

(Address) 2222 N Charles St

Filed 7/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th, 1906.

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 11th 1906 that I last saw h.. alive on July 10 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 4 DAYS

Contributory (Primary.) Fatty Degeneration of Heart (DURATION) Chronic DAYS

(Signed) Walter Bolgiano M.D.

Address 2020 N. Charles St.

Date July 11th, 1906

Place of Burial Green Mt Cemetery

Date July 13th 1906

Undertaker Stewart Mowers

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Bolgiano

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 91686 — Registered No. B 91686

CERTIFICATE OF DEATH.

62

(Place of Death.) No. 916 Madison ave St. Egerton

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William E. Morris

{Residence, if in Baltimore, Give Street and Number.} 916 Madison ave

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 6th 1841

AGE: 65 years, 5 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Morris

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Chanselor

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Morris

(Address) 708 Eutaw Baltimore

Filed 7/12 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from 1900 1900 to July 11 1906 that I last saw him alive on July 1 1906, and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Locomotor Ataxia
Confined to bed
a week,

(DURATION) DAYS

Contributory (Primary.) Locomotor Ataxia

(DURATION) DAYS

(Signed) W P Morgan M.D.

Address 315 N Monument st

Date July 11 1906

Place of Burial Greenmount Cemetery

Date July 13 1906

Undertaker Stewart & Bowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr W P Morgan
315 Monument st

Dr

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

91687

Registered No. B 91687

CERTIFICATE OF DEATH.

(Place of Death.) No. 701 Mosher St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary N. Ball

{Residence, if in Baltimore, Give Street and Number.} 701 Mosher St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Dec. 29th 1834

AGE: 71 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. D. Ball

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Temperance Maydwell

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ida. Ball

(Address) 701 Mosher St.

Filed 7/12 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from April 23 1906 to July 12 1906

that I last saw her alive on July 11 1906

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Muscular tracking of the tract (DURATION) 69 DAYS

(Signed) John S. Heck M.D.

Address 647 W Lafayette Ave

Date July 12 1906

Place of Burial Greenmount ~~Freedom~~ Cook ✓

Date July 15th 1906

Undertaker G. F. Walker

Address 723 Park Ave ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 91688 — Registered No. B 91688

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reuben B. Muse

{Residence, if in Baltimore, Give Street and Number.} 1025 W. Lexington St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	— — 1
AGE	43 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	John Muse
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Ellen Ashby
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eleanora Muse

(Address) 1125 W Lexington

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 — 1906

I HEREBY CERTIFY, That I attended deceased from June 18 — 1906 to July 12 — 1906

that I last saw him alive on July 11 — 1906,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 23 DAYS

Contributory (Primary.) Cancer Pylorus + Metastasis to liver (DURATION) about 2 yrs DAYS

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date July 12 — 1906

Place of Burial Laurel

Date July 14 1906

Undertaker W. H. Gethart

Address 512 Pegram St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

74

91689

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91689

City of Baltimore, (No. 1833, Light St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gens Lulie

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct (Month) 23 (Day) 1905 (Year)
AGE	years, 8 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Singer
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William Lulie
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sophie Eller
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lulie

(Address) 1833 Light St.

Filed 7/13 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 12 1906 that I last saw him alive on July 8 1906, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 14 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) Jennie D. Bonner M. D.

July 12 1906 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	July 13 1906
UNDERTAKER	ADDRESS
Jos. Steinbrecht	1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 — 91690 — Registered No. B 91690

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 Welcome St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Harris

{Residence, if in Baltimore, Give Street and Number.} 115 Welcome St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Alfred Harris

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Kate Foreman

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Jackson

(Address) 115 Welcome St

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 12 1906 that I last saw h.er alive on July 12 1906, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Lungs

(DURATION) 5 mos DAYS

Contributory (Primary) Carcinoma Colon

(DURATION) 4 DAYS

(Signed) E. W. Ellis M.D.

Address 615 Light St

Date July 12 1906

Place of Burial Mt Auburn

Date July 14 1906

Undertaker Frederick Loadman

Address 206 Curtis St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — 91691 — Registered No. B 91691

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 572 E Clement St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Gilleland

{Residence, if in Baltimore, Give Street and Number.} 512 E Clement 8

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8th 1834

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Gilleland.

(Address) 572 E Clement St

Filed 7/13 1906

HARRY C. ANDERS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 11th 1906

that I last saw h er alive on July 10th 1906

and that death occurred, on the date stated above, at 330 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis
+ Colitis acuta

(DURATION) 3 weeks DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles

Date July 12th 1906

Place of Burial Balt Cemetery

Date July 13th 1906

Undertaker Geo Lewin Sons

Address 647 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd 91692 Registered No. B 91692

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 S Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Tina Kelch

{Residence, if in Baltimore, Give Street and Number.} Lifetime

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 11 1906

AGE ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. W. Kelch

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mamma Bernhardt

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Kelch

(Address) 620 S. Washington St.

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 12 1906 that I last saw h[illegible] alive on July 12 1906 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) — DAYS

Contributory (Primary) Cardiac Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave.

Date July 13 1906

Place of Burial Old German Cem

Date July 14th 1906

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 91693 — Registered No. B 91693

CERTIFICATE OF DEATH.

(Place of Death.) No. 339 Forest ~~St~~ (S.W.) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Herbert Wm. Baum

{Residence, if in Baltimore, Give Street and Number.} 339 Forest (S.W.) St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH July 10 1906

AGE — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm. Baum

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bertha Freese

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Baum

(Address) 339 Forrest St.

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 12 1906 that I last saw him alive on July 12 (10 A.M.) 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Imperforate anus (and Sequela)

Life (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date July 13 1906

Place of Burial Mt. Carmel

Date July 13th 1906

Undertaker C. W. Dill

Address 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91694

Ward 14 — 91694 — Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria L. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1508 Park ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept 18 1832

AGE 74 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Resnik

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Ruth Seaman

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Thomas Jr.

(Address) 1508 Park ave.

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906.

I HEREBY CERTIFY, That I attended deceased from May 1 1905 to July 11 1906 that I last saw her alive on July 11 1906 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy due to Cerebral Hemorrhage

(DURATION) 7 DAYS

Contributory (Primary.) Cerebral Hemorrhage 14 months DAYS

(Signed) Wm. B. Gilman M.D.

Address 5 E. Biddle St

Date July 12 1906

Place of Burial Greenmount

Date July 14 1906

Undertaker Stewart & Koven

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 91695 — Registered No. B 91695

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 — St. Prentiss

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sallie Lillian Reynolds

{Residence, if in Baltimore, Give Street and Number.} 1709 Prentiss St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: colored

DATE OF BIRTH: June 1904

AGE: 2 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Reynolds

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ida Johnson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Reynolds

(Address) 1709 Prentiss

Filed 7/13 1906 — BARRY C. ANDREWS — PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 12 1906

that I last saw h[illegible] alive on July 12 1906,

and that death occurred, on the date stated above, at 5 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) T. E. Daugherty M.D.

Address 2526 Pennsylvania Ave

Date Balto July 12 1906

Place of Burial Mt Auburn

Date July the 13 1906

Undertaker James H Dennis

Address 1332 Prentiss St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 91696 — Registered No. B 91696

CERTIFICATE OF DEATH.

179

(Place of Death.) No. The Rennert Wilson Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allan Nicholson.

{Residence, if in Baltimore, Give Street and Number.} 235 Old York Road.

Duration of Residence in Baltimore. 3 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	N.

DATE OF BIRTH: April 17th 1906

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Alan J. Nicholson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Nannie Wilson Shepherd

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alan J. Nicholson

(Address) #2121 N. Ave City

Filed 7/13 1906 — HARRY O. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 12th 1906 that I last saw h[illegible] alive on July 12 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Howard Jr. M.D.

Address 504 Cathedral St.

Date July 12th 06 190

Place of Burial Greenmount

Date July 13th 1906 190

Undertaker Howard Jenkins & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 — 91697 — Registered No. B 91697

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 W. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Helena Cann

{ Residence, if in Baltimore, Give Street and Number. } 121 W Clement St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 4th 1885

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: James E. Cann.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Catherine F. Schultz

BIRTHPLACE OF MOTHER (State or country): Howard Co.

OCCUPATION OF DECEASED: Sales Lady.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Cann (Father)

(Address) 126 W Clement St

Filed 7/13 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906.

I HEREBY CERTIFY, That I attended deceased from May 10th 1906 to July 11th 1906

that I last saw her alive on July 11th 1906

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 2 DAYS

Contributory (Primary.) Atheroma

Pulmonary (DURATION) 90 DAYS

(Signed) J. Hempel, M.D.

Address 1103 Valley St.

Date July 12th 1906.

Place of Burial Cathedral Cem.

Date July 14th 1906

Undertaker G. Heath.

Address 10 E. Lexington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91698

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91698

City of Baltimore, (No. 248 W Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Lipsky.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Max Lipsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jetta Lipsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Lipsky

(Address) 248 W Biddle St

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 12 1906 that I last saw h-m alive on July 12 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Intracranial Growth

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. W. Ellan M. D.

7.12 1906 (Address) 1908 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Fairview Park Road — DATE OF BURIAL July 13 1906

UNDERTAKER David Sondheim — ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

91699

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91699

City of Baltimore, (No. 1531, N Fulton Av St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James T. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White.
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	75 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	England.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	England.
MAIDEN NAME OF MOTHER	not known.
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Farmer (retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wilson

(Address) 1531 N Fulton Av.

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 190 to July 12 1906

that I last saw him alive on July 12 1906,

and that death occurred, on the date stated above, at 3.45 P.M. The CAUSE OF DEATH was as follows:

Senility

Failing for past

2 to 4 mo (DURATION) DAYS

Contributory Mitral Heart + Dropsy

(DURATION) DAYS

(Signed) E. A. Smith M. D.

July 12 1906 (Address) 1605 N. Norths Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Fredericksburg, Va. DATE OF BURIAL July 14 1906.

UNDERTAKER W. M. Cook ADDRESS 501 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 2

91700

Registered No. B 91700

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 Fell St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Adam Puchowenski

{Residence, if in Baltimore, Give Street and Number.} 919 Fell st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: May 28 1906

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Puchowenski

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Kate Puchowski

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Puchowenski

(Address) 919 Fell St

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 12 1906

that I last saw h— alive on July 11 1906

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 45 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 O. Broadway

Date July 13 1906

Place of Burial Holy Rosary.

Date Friday July 13 1906

Undertaker M. F. Sadowski

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 91701 — Registered No. B 91701

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William a Selig

{Residence, if in Baltimore, Give Street and Number.} 1313 E Monument st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	September 16th 1870
AGE	35 years, 9 months, 26 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Hohman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine Selig
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Selig Mother

(Address) 1313 E Monument st

Filed 7/13 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 11 1906 that I last saw him alive on July 11 1906 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 2 DAYS

Contributory (Primary.) Paralysis of Heart (DURATION) ? DAYS

(Signed) Geo F. Taylor M.D.

Address 1254 N. Broadway

Date July 12 1906

Place of Burial Baltimore Cemetary

Date July 14th 1906

Undertaker George Schillinn & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... 91702 Registered No. B 91702

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 905 Stone alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Carroll

{ Residence, if in Baltimore, Give Street and Number. } 905 Stone al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: May 26th 1904

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Carroll

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lizzie Hammond

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Carroll

(Address) 905 Stone ave.

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lex. Av. (Corner)

Date July 11th 1906

Place of Burial COLLEGE OF P. & S. JUL 12 1906

Date ..... 190 ....

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91703

City of Baltimore. (No. 208 N Paca St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H. Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 14 1856 (Month) (Day) (Year)

AGE: 49 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo. Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Doble

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Restaurant Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles H. Wagner

(Address) 208 N Paca St

Filed 7/13 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 26th 1906 to July 11th 1906 that I last saw h[im] alive on July 11th 1906, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Bright's Disease

(DURATION) 45 DAYS

Contributory Apoplexy (DURATION) 2 DAYS

(Signed) Frank Glenn M. D.

1906 (Address) 322 N Gay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 14 1906

UNDERTAKER: Geo. Bruns — ADDRESS 594 W. Biddle St ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91704

Registered No. B.....

City of Baltimore, (No. 2613 Pennsylvania Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Princiceris

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Sept 15 (Month) (Day) 1846 (Year)	
AGE: 60 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: David E Bishop	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Ellen Shuster	
BIRTHPLACE OF MOTHER (State or country): Balto Mass	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. G. Princiceris

(Address) 2613 Pennsa ave

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 12th 1906 to July 13th 1906 that I last saw h er alive on July 12th 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Marasmus, She had wasted away to a mere skeleton, and her brain was loaded with albumen. She also had Pulmonary congestion (DURATION) DAYS

Contributory She also had Bad fall last winter (DURATION) DAYS

(Signed) Jno. G. Day M. D.

July 18th 1906 (Address) 869 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem Baltimore.	July 16 1906
UNDERTAKER	ADDRESS
Robt J Turner	Broadway Balto

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 91705 Registered No. B 91705

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 779 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Badger

{Residence, if in Baltimore, Give Street and Number.} 779 Sarah Ann St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Bk

DATE OF BIRTH Unknown 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Meyers

(Address) 779 Sarah Ann St

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 13 1906

that I last saw her alive on July 12 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 2 DAYS

(Signed) L Norwood M.D.

Address 739 W Fayette St

Date July 13 1906

Place of Burial Mt Auburn Cemetery.

Date July 14th 1906

Undertaker Felix Bye.

Address 112 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 91706 Registered No. B 91706

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1939 Druid Hill ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ida Wilhelmenia Watson

{Residence, if in Baltimore, Give Street and Number.} 1939 Druid Hill ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1905

AGE ..... years, 14 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER W Bloom Hewatson

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ida E Watson

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. watson

(Address) 1939 Druid hill ave

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 11 1906

that I last saw h alive on July 11 1906,

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 10 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 10 DAYS

(Signed) [illegible] M.D.

Address #1145 Mount St

Date July 13th 1906

Place of Burial Mt Auburn

Date July 14 1906

Undertaker S. L. Brown Son

Address 108 W. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91707

City of Baltimore, (No. 200 S Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucia M Boose

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Aug (Month) 29 (Day) 1865 (Year)

AGE: 40 years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Richards

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca Algire

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rebecca Richards

(Address) 2005 Boone ave

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (12) 14 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to July 12 1906

that I last saw h or alive on July 11 1906,

and that death occurred, on the date stated above, at 4.35 P.M. The CAUSE OF DEATH was as follows:

Carcinoma (uterus)

(DURATION) about 2½ DAYS

Contributory (Cachexia)

& Exhaustion (DURATION) 2 DAYS

(Signed) Harry C. Algire M. D.

July 13 1906 (Address) 340 Baltimore ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hampstead burial a and

DATE OF BURIAL: July 14th 1906

UNDERTAKER: A F Philbin

ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91708

City of Baltimore, (No. 436 W. 23rd St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie Marie McDermott.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb (Month) 11th (Day) 1906 (Year)

AGE: ..... years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John F. McDermott.

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Maggie J. Farley

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F McDermott

(Address) 436 W 23rd St

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 12th 1906 that I last saw h er alive on July 12th 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Acute Gastro-Enteric infection

(DURATION) 9 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Harrison F. Compton M. D.

190 (Address) 2425 St. Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Texas Balto Co and	July 14th 1906
UNDERTAKER	ADDRESS
C & F Philbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91709 Registered No. B 91709

CERTIFICATE OF DEATH. 177

(Place of Death.) No. 905 Elm place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary M. Hardy

{Residence, if in Baltimore, Give Street and Number.} 905 Elm place

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR ed

DATE OF BIRTH 1893

AGE 13 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) maryland

FULL NAME OF FATHER John Hardy

BIRTHPLACE OF FATHER (State or country) md Maryland

MAIDEN NAME OF MOTHER Mary Bennett

BIRTHPLACE OF MOTHER (State or country) St Marys Co md

OCCUPATION OF DECEASED schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hardy Pat Wm Jr

(Address) 905 Elm Place

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-12 1906

I HEREBY CERTIFY, That I attended deceased from 6-20 1906 to 7-12 1906

that I last saw h alive on 7-12 1906,

and that death occurred, on the date stated above, at 6-25 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Dropsy & Asthma

(DURATION) 6 weeks DAYS

Contributory (Primary.) Cold

(DURATION) 6 weeks DAYS

(Signed) G. W. Kennard M.D.

Address 708 Ensor St

Date July 13th 1906

Place of Burial mt. Auburn Cemetery

Date July 15th 1906

Undertaker Felix B. Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 91710 — Registered No. B 91710

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1311 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Bersterman

{Residence, if in Baltimore, Give Street and Number.} 1311 N. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 2nd. 1906

AGE: ..... years, 3 months, 11 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. A. Bersterman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Josephine Kennedy

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Bersterman

(Address) 1311 N. Chapel St.

Filed 7/13 1906 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday. July 13 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 13 1906 that I last saw him alive on July 13 1906, and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E. W. Belcher M.D.

Address 2250 E. Hoffman

Date July 13 1906

Place of Burial New Cathedral Cemetery

Date July 14th 1906

Undertaker Henry Strack & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — 91711 — Registered No. B 91711

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2122 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace E. Davis

{Residence, if in Baltimore, Give Street and Number.} 2122 E. Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH June 14, 1906

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Albert Davis

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie R. Wilson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Albert Davis

(Address) 2122 E. Hoffman St.

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 11 1906 that I last saw her alive on July 10 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Prostration

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 3 DAYS

(Signed) Jas L. Ensor M.D.

Address 3 and Lough

Date July 12 1906

Place of Burial Mt Carmel

Date July 13th 1906

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 91712 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret McCabe

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH April 25 1906

AGE ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Infant Asy

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 11 1906 that I last saw h alive on 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fowler M.D.

Address 106 E. Read St

Date July 13 1906

Place of Burial Mercy Cathedral

Date July 13 1906

Undertaker Martin Thompson

Address 66 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91713 — Registered No. B 91713

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harvey Guilford —

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: June 14th 1906

AGE: ... years, One months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) V. Vincents Infant Asy

Filed 7/13 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 11th 1906

that I last saw h[illegible] alive on ... 1906,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) J. S. Fisher M.D.

Address 10 6. Read St

Date July 12th 1906

Place of Burial New Cathedral

Date July 13 1906

Undertaker Austin Fahrney Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91714

91714

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 846 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence L. Clark.

{ Residence, if in Baltimore, Give Street and Number. } 846 W. Baltimore

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Nov 12th 1905	
AGE ___ years, 8 months, ___ days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Clarence B. Clark.
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Edith S. Bray
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Florence Bray.

(Address) 846 W. Balto St.

Filed 7/13 1906

GRANT C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 12, 1906

that I last saw h in alive on July 12, 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-enteritis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave

Date July 13, 1906

Place of Burial Baltimore Cemetery

Date July 14th 1906

Undertaker ~~M. X. Mrs~~ John W. Sewell

Address 614 E. Shark St

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 91715

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1804 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Friedel

{ Residence, if in Baltimore, Give Street and Number. } 1804 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 15 1852

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Michael Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary A Kirchner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Chas. Friedel

(Address) 1804 Eastern ave

Filed

..... 190.....

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from April 3rd 1905 to July 13th 1906

that I last saw her alive on July 13th 1906

and that death occurred, on the date stated above, at 3½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Mg Intst Disease

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) H. H. Riddell M.D.

Address 1119 W. Lanvale st

Date July 13 1906

Place of Burial Holy Redeemer

Date July 16 1906

Undertaker J. C. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 91716

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 526 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Watkins.

{ Residence, if in Baltimore, Give Street and Number. } 526 W. Lexington St.

Duration of Residence in Baltimore. Life. 91716

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	December 1, 1905
AGE	9 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore. Md.
FULL NAME OF FATHER	Martin Watkins.
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Janetzke Kabailis
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Watkins

(Address) # 526 W. Lexington St.

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1906

I HEREBY CERTIFY, That I attended deceased from July 11, 1906 to July 12, 1906 that I last saw h[illegible] alive on July 11, 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 21 DAYS

Contributory (Primary.) Bad feeding (DURATION) Short time

(Signed) Albert F. Chambers M.D.

Address 614 N. Paca St

Date July 13, 1906

Place of Burial Western

Date July 13 1906

Undertaker J. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91717

City of Baltimore, (No. 570 President St.; 2 Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Poggiole.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: July (Month) 22 (Day) 1905 (Year)

AGE: ..... years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): U. S. A.

FULL NAME OF FATHER: Chas: Poggiole

BIRTHPLACE OF FATHER (State or country): Italy -

MAIDEN NAME OF MOTHER: Josephine Poggiole

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: Nil —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Alfred B. Hitchcock M.D.

(Address) 1215 Madison Av.

Filed 7/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 12 1906 that I last saw h er alive on July 12 1906, and that death occurred, on the date stated above, at 12 P M. The CAUSE OF DEATH was as follows:

Cholera Infantum —

(DURATION) 24 DAYS

Contributory Asthenia —

(DURATION) 4 DAYS

(Signed) Alfred B. Hitchcock M. D.

July 13 1906 (Address) 1215 Madison Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincent | DATE OF BURIAL: July 15 1906

UNDERTAKER: Wendell Dippel & Co | ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

MISSING CERTIFICATE

B 91718

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 9179 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 213 W. Conway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Willie Sackalaski

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 23d 1904
AGE	2 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jakkewicz Sokolosky
BIRTHPLACE OF FATHER (State or country)	Lithuania
MAIDEN NAME OF MOTHER	Eva Sut Kowska
BIRTHPLACE OF MOTHER (State or country)	Lithuania
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Satkobska

(Address) 215 W Conway St

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Rockwell

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 a 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to Coroner 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 1245 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.) Edema Influenza

(DURATION) DAYS

(Signed) L. D. Flutsch M.D.

Address 711 W. Lanvale

Date July 12. 1906

Place of Burial Holy Redeemer

Date July 14 1906

Undertaker Jacob Frankowski

Address 728 Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 91720

91720

CERTIFICATE OF DEATH.

65

(Place of Death.) No. 916 - 2d Ave. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joshua Larrimore

{ Residence, if in Baltimore, Give Street and Number. } 916 - 2d Ave. Hampden

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Sept 9th 1830	
AGE 75 years, 10 months, 3 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Talbot Co. Md	
FULL NAME OF FATHER Thomas Larrimore	
BIRTHPLACE OF FATHER (State or country) Talbot Co. Md	
MAIDEN NAME OF MOTHER — Wells	
BIRTHPLACE OF MOTHER (State or country) Talbot Co. Md	
OCCUPATION OF DECEASED Carpenter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Larrimore

(Address) 916 Second Ave

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1906

I HEREBY CERTIFY, That I attended deceased from Feb 20th 1906 to July 12th 1906

that I last saw h[illegible] alive on June 4th 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAY

Contributory (Primary) Softening of the brain (DURATION) 142 DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave.

Date July 13th 1906

Place of Burial Easton Md

Date July 15 1906

Undertaker Wm Cook & Bro E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

91721

Registered No. B .....

City of Baltimore, (No. ....., Glen Edwards Ave St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
(Cotter)

FULL NAME Michael Henry Cotter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Febr. (Month) ..... (Day) 1873 (Year)

AGE: 33 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Cattier

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Susan Cattier

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Patrick E. Cartier

(Address) 2873 Bernard St.

Filed 7/14 1906

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1906 to July 1906 that I last saw him alive on 11th July 1906, and that death occurred, on the date stated above, at 3.45 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) M E Douglass M. D.

July 13 1906 (Address) 129 E Preston ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: July 15 1906

UNDERTAKER: Lewis Cook

ADDRESS: 508 E Lath

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 91722

91722

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 E. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Elizabeth Gosnell

{ Residence, if in Baltimore, Give Street and Number. } 1326 Penn. Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1852

AGE 54 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Gosnell

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B F Read

(Address) 33 Reese St.

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to July 12 1906 that I last saw her alive on July 12 1906, and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

? (DURATION) ? DAYS

Contributory (Primary.) Uraemia

(DURATION) 7 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date July 13 1906

Place of Burial Loudon Park

Date July 14 1906

Undertaker Lee & Cook

Address 602 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 91723 Registered No. B 91723

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 904 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Amos Burwick

{Residence, if in Baltimore, Give Street and Number.} 904 E. Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 12th 1905

AGE ..... years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Burwick

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Catherine Kraus

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 904 E Chase St.

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from June 22d 1906 to July 3rd 1906

that I last saw him alive on July 5 1906

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

about 15 minutes (DURATION) DAYS

Contributory (Primary.) Bronchitis

about 2 weeks (DURATION) DAYS

(Signed) E Batty M.D.

Address 111 S Bond

Date 7-14- 1906

Place of Burial Holy Redeemer Cemetery

Date July 15th 1906

Undertaker Henry Hecksher Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

CERTIFICATE OF DEATH.

Registered No. B 91724

City of Baltimore, (No. 1333 Carrall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Daisy Tyler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem
COLOR: Colored
DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)
AGE: 2 years, 10 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Balt Md
FULL NAME OF FATHER: John Tyler
BIRTHPLACE OF FATHER (State or country): Balt Md
MAIDEN NAME OF MOTHER: Mazie Kennard
BIRTHPLACE OF MOTHER (State or country): Balt Md
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mazie Tyler
(Address) 1333 Carroll St

Filed 7/14 1906
HARRY C. ANDREWS, PUBLIC CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 10 1906 that I last saw h[illegible] alive on July 6 1906, and that death occurred, on the date stated above, at 8 M. The CAUSE OF DEATH was as follows:

Bronchs - Pneumonia

(DURATION) 8 DAYS

Contributory Asthma

(DURATION) 4 DAYS

(Signed) Henry C. Ahle M. D.
July 11 1906 (Address) 1203 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....
How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion cemetery
DATE OF BURIAL: July 14 1906
UNDERTAKER: George H Hooper
ADDRESS: 689 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

Ward 19th

91725

Registered No. B 91725

CERTIFICATE OF DEATH.

(Place of Death.) No. 451 Lorraine Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E. Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 451 Lorraine Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Not Known

AGE: about 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Bedford

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine Mac Donnell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Arbin

(Address) 451 Lorraine Ave

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from May 12th 1906 to July 11th 1906 that I last saw h er alive on July 11th 1906, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

& Uraemic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) 180 DAYS

(Signed) Hamilton D. Brown M.D.

Address 663 Gorsuch Ave

Date July 11th 1906

Place of Burial Greenmount Cem

Date July 14th 1906

Undertaker C. A. Wiedefeld Jr

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 91726 — Registered No. B 91726

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Chestnut Hill ave Waverley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard L Armiger

{Residence, if in Baltimore, Give Street and Number.} Chestnut Hill ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 8th 1906

AGE: ..... years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard L Armiger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Editha H Lewis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard L Armiger

(Address) 324 E 21st st

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13. 1906

I HEREBY CERTIFY, That I attended deceased from July 5. 1906 to July 13. 1906

that I last saw him alive on " " 1906

and that death occurred, on the date stated above, at 3.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis (DURATION) 6 DAYS

Contributory (Primary.)

Pulmonary Tuberculosis (DURATION) 2 DAYS

(Signed) Geo H Hartman M.D.

Address 1121 N Carlton st.

Date July 13. 1906

Place of Burial Greenmount Cemetary

Date July 14th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 19 91727 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Inf St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Louise Whitehead

{Residence, if in Baltimore, Give Street and Number.} Pimlico Md.

Duration of Residence in Baltimore. 9 months 91727

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: April 28 th 1905

AGE: 1 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: Albert B Whitehead

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Dora B Whitehead

BIRTHPLACE OF MOTHER (State or country): S C Loyd

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora B Whitehead

(Address) 1306 Argyle ave

Filed 7/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 13 1906 that I last saw him alive on July 13 1906, and that death occurred, on the date stated above, at 12.30 PM

11. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous meningitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address #1514 Division St.

Date July 13-06 1906

Place of Burial Druid Ridge Cem

Date July 14 Th 1906

Undertaker John E. Houghton Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91728

City of Baltimore, (No. 1429 N Central ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elinor Lee Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Aug 3rd (Month) (Day) 1904 (Year)

AGE: 1 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jno H.D. Bennett

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Jane Adie Jordan

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno H.D. Bennett Pa[illegible]

(Address) 1429 N Central Av

Filed 7/14 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 13 1906

that I last saw h[illegible] alive on July 13 1906,

and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows:

Edema of brain acute diarhoea + Heart failure

(DURATION) one DAYS

Contributory Acute Bronchitis

(DURATION) 7 DAYS

(Signed) R G Dawson M. D.

July 13 1906 (Address) 1507 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore CEMETERY.

DATE OF BURIAL: JUL 15 1906

UNDERTAKER: H. E. HUGHES.

ADDRESS: 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 91729

City of Baltimore, (No. 1033 Eutaw Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary J Norris.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Andrew J Norris

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Scott

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen D Norris for HEB

(Address) 1091 Poplar Hill Av

Filed 7/14 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from

Jany 1906 to July 12th 1906

that I last saw her alive on July 12 1906,

and that death occurred, on the date stated above, at ——

M. The CAUSE OF DEATH was as follows:

Tuberculosis,

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Johns Pennington M. D.

July 13 1906 (Address) 1716 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park. | DATE OF BURIAL: JUL 15 1906 190

UNDERTAKER: David McLean Co | ADDRESS: 833 Linden Av

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91730

City of Baltimore, (No. 818 N. Paniah alley Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles R. Spriggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Sept 11th 1869 (Month) (Day) (Year)

AGE: 36 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William H. Spriggs

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary J. Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Store Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Spriggs

(Address) 818 N. Paniah

Filed 7/14 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 9th, 1906 to July 11th 1906

that I last saw h~~e~~ alive on July 11th 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 365 DAYS

Contributory Aortic Insuf

Fever (DURATION) 1 DAYS

(Signed) E. Mickey M. D.

July 11th 1906 (Address) 526 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Scott Anderson	July 15 1906
UNDERTAKER	ADDRESS
Wm. J. Johnson	1409 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...MENT, City of Baltimore.

Ward 7 — 91731 — Registered No. B 91731

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Otterbein St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charlotte Netzer

{Residence, if in Baltimore, Give Street and Number.} 509 Otterbein St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1

AGE — years, 18 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER Charles E Netzer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Charlotte E Jacgenett

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Netzer

(Address) 509 Otterbein St.

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 13 1906

that I last saw h.. alive on July 13 1906

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 8 DAYS

Con'ributory (Primary) Thrombosis (DURATION) 1 DAY.

(Signed) Edw Grumpler M.D.

Address 317 Lexington

Date July 13 1906

Place of Burial Western Cemetery

Date July 14 1906

Undertaker James Lipman & Son

Address 759 W. Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20 — 91782 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 548 Frederick ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M. E. Myers

{Residence, if in Baltimore, Give Street and Number.} 548 Frederick ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: april 20 1828

AGE: 28 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Peter Glatthaar

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George K. Myers

(Address) 548 Frederick ave

Filed 7/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13 1906

I HEREBY CERTIFY, That I attended deceased from November 14 1905 to July 13 1906

that I last saw her alive on July 12 1906,

and that death occurred, on the date stated above, at 6.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) 8 months DAYS

Contributory (Primary.) asphyxia

(DURATION) 1 DAYS

(Signed) asa L Wessels M.D.

Address 504 Frederick ave

Date July 13 1906

Place of Burial London Park

Date July 15th 1906

Undertaker C. L. McCormick

Address 1729 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91733 Registered No. B 91733

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Annie Fritz

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1835

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Frederick Maryland

FULL NAME OF FATHER: Cornelius Neal

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lizzie Neal

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley St.

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on July 12 1906,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 4 DAYS

Contributory (Primary.) Paralysis (DURATION) unknown DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 14 1906

Place of Burial Holy Cross

Date July 15th 1906

Undertaker Henry C. Wiedefield

Address 914 Greenmount av:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91734

City of Baltimore, (No. 217 Roland Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 25 (Day) 1869 (Year)

AGE: 37 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: James Morris

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kate Gray

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Morris

(Address) 217 Roland Ave

Filed 7/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1905 to July 13 1906 that I last saw h Er alive on July 13 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

10 (DURATION) 10 Mos

Contributory Exhaustion

(DURATION) DAYS

(Signed) T. J. Towers M. D.

July 13 1906 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: 7/16 1906

UNDERTAKER: Evans & Spence | ADDRESS: 1000 E. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91735

City of Baltimore, (No. 212 N. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hieda Tilghman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 20 (Month) Apr (Day) 1906 (Year)

AGE: 1 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John R. Tilghman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eteria Tubman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Tilghman

(Address) 1234 Jefferson St.

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13th 1906 to July 13th 1906

that I last saw her alive on the 13th July 1906,

and that death occurred, on the date stated above, at 10-15 P. M. The CAUSE OF DEATH was as follows:

Edema Pulmonum
Convulsions

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. Winsen M. D.

July 14 1906 (Address) 1224 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: July 15 1906

UNDERTAKER: W. F. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91736

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91736

City of Baltimore, (No. 321, Chestnut St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Ellis.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry Ellis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Kilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Ellis

(Address) 321 Chestnut

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 12-7- 1906 to 13-7- 1906 that I last saw him alive on 12-7- 1906, and that death occurred, on the date stated above, at 6.45 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory Cardiac Failure.

(Duration) ..... DAYS

(Signed) Dr. Bonde M. D.

13-7- 1906 (Address) 148 Jefferson St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cambridge, Md Gaylors Island	July 14 1906
UNDERTAKER	ADDRESS
W F Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

91737

Registered No. B.....

City of Baltimore, (No. 530 N. Central Ave, ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Pennington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1 (Month) (Day) Year)

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Pennington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hester Howard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Pennington

(Address) 530 N. Central Ave

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 16th 1906 to July 13 1906

that I last saw him alive on July 13 1906,

and that death occurred, on the date stated above, at 4.50 P.M. The CAUSE OF DEATH was as follows:

Heart & Kidney Disease

(DURATION) 58 DAYS

Contributory Heart & Kidney Disease

(DURATION) — DAYS

(Signed) Walter R. Steele M.D.

July 13th 1906 (Address) 1417 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	July 15 1906
UNDERTAKER	ADDRESS
R. F. Elliott	607 Kenyon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91738

City of Baltimore, (No. 927 Bunch St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara V. Hagners

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) (Year)

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Hagners

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margrid Stevens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Jones

(Address) 29 Dedrick ave

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 13 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia following on Whooping cough

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F K Jones M. D.

July 13 1906 (Address) 207 N. Liberty St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 14 1906
UNDERTAKER	**ADDRESS**
R K Elliott	506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 91739

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 210 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E. Jennings

{Residence, if in Baltimore, Give Street and Number.} 210 W Hamburg St

Duration of Residence in Baltimore. Life 91739

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Moore

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mable Sanks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Jennings

(Address) 210 W Hamburg

Filed Jan 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1905 to July 11 1906

that I last saw h[illegible] alive on July 11 1906

and that death occurred, on the date stated above, at [illegible]

I. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

About 7 wks (DURATION) 1 DAYS

Con'tributory (Primary) Pneumonia

About 1 wk (DURATION) 1 DAYS

(Signed) A. H. Finan M.D.

Address 112 S. Stricker St

Date July 11 1906

Place of Burial Mt. Auburn Cem

Date July 15 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 91740

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1703 S Charles St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert H Warfield

{Residence, if in Baltimore, Give Street and Number.} 1703 S Charles St-

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: White
DATE OF BIRTH: 1	
AGE: 81 years, 4 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Not Known	
BIRTHPLACE OF FATHER (State or country): "	"
MAIDEN NAME OF MOTHER: "	"
BIRTHPLACE OF MOTHER (State or country): "	"
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida West

(Address) 1703 S Charles

Filed July 14 1906 Grad

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 11 1906 that I last saw him alive on July 10 1906, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemmorhage (Paralysis) -

(DURATION) 2 DAYS

Contributory (Primary.) Gastro Intestitis

(DURATION) 6 DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date July 13 1906

Place of Burial July 14

Cedar Hill

Date 1906

Undertaker E. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 41747

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Thos J. Bartholomew

{ Residence, if in Baltimore, Give Street and Number. } Soldiers Home, Pikesville, Md.

Duration of Residence in Baltimore. Lived in City 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	66 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	America.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Wilkens Ave

Filed 7/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13, 1906

I HEREBY CERTIFY, That I attended deceased from July 7, 1906 to July 13 1906 that I last saw h.im alive on July 13, 1906, and that death occurred, on the date stated above, at 12:00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver and Gall stone (empyema)

? (DURATION) ? DAYS

Contributory (Primary.) Toxaemia

? (DURATION) ? DAYS

(Signed) C. C. Lang M.D.

Address Md. Gen. Hospital

Date July 13, 1906

Place of Burial Loudon Park Cem

Date July 16 1906

Undertaker M Cadogan

Address 696 Wilkens Ave

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91743

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 928 Chester (South) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Sauers (Sauers)

{Residence, if in Baltimore, Give Street and Number.} 928 ½ Chester st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 15th 1906

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm H. Sauers

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Maurice Jones

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice Sauers

(Address) 928 ½ Chester st

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from June 12 1906 to July 13th 1906 that I last saw h im alive on July 13 1906, and that death occurred, on the date stated above, at 5- P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 6 hrs DAYS

Contributory (Primary.) Marasmus

(DURATION) 32 DAYS

(Signed) Chas. B. Fleagle M.D.

Address 830 N Broadway

Date July 13th 1906

Place of Burial Westlern Cem

Date July 15th 1906

Undertaker Geo. M. Fink

Address 811 N Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91743 Registered No. B 91743

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 3405 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Henry Tracey

{Residence, if in Baltimore, Give Street and Number.} 3405 Cedar Ave

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: April 22nd 1855

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Warren Balto Co

FULL NAME OF FATHER: Ephraim W. Tracey

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Lilly Stifflet

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lilly Tracey

(Address) 3405 Cedar Ave

Filed 7/14 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from May 2d 1906 to July 14 1906 that I last saw him alive on July 13 1906, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Weakness induced by General Dropsy

(DURATION) 45 DAYS

Contributory (Primary.) Chronic Bright's Disease complicated with Hypertrophy of Heart (DURATION) ne 7 DAYS

(Signed) A. Shelley M.D.

Address 2502 Chestnut Ave

Date July 14 1906

Place of Burial Pine Grove Balto Co Md

Date July 16th 1906

Undertaker Wm E. Chenoweth & Son

Address 919-3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 9174 Registered No. B 9174

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 254 Carroll St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dr Denard S Williams

{Residence, if in Baltimore, Give Street and Number.} 254 Carroll St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 5 1844

AGE 62 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER L. M Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER M. A. Allison

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Doctor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida M Williams

(Address) 254 Carroll St

Filed 7/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 13 1906 that I last saw him alive on July 13 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary, or Immediate)

Bright's Disease

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D A Smith M.D.

Address 206 - 3rd Ave

Date July 14th 1906

Place of Burial St Mary's

Date July 16 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91745

City of Baltimore, (No. 125 E. Hughes St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jenkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 28 (Day) 1903 (Year)

AGE: 1 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Wesley Jenkins

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maryann Fain

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Jenkins

(Address) 125 E. Hughes St

Filed 7/14 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 12th 1906 to July 11th 1906 that I last saw h[im] alive on July 11 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 30 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. E. Franke M.D.

July 14th 1906 (Address) 106 Read St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. | DATE OF BURIAL: July 16 1906.

UNDERTAKER: Wm Day LE & Son | ADDRESS: 176 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

47

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91746

City of Baltimore, (No. 309 N. Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. Lee Anderson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 28 1864 (Month) (Day) (Year)
AGE	41 years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Cliff C. Anderson
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Mary C. Common
BIRTHPLACE OF MOTHER (State or country)	La.
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary C Anderson

(Address) 321 N. Carrollton Ave

Filed July 14 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 13 1906 that I last saw h.im alive on July 13 1906, and that death occurred, on the date stated above, at 6:30 P. M. The CAUSE OF DEATH was as follows:

Dilatation of Heart following Mitral regurgitation (DURATION) 3 DAYS

Contributory Rheumatism. (DURATION) DAYS

(Signed) F. H. Turner M. D.

July 14 1906 (Address) 319 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 16 1906
UNDERTAKER	ADDRESS
E. W. Mitchell	1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 9747

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Union Protestant Infirmary Lewis E. Fuld

{Residence, if in Baltimore, Give Street and Number.} Hotel Rennert

Duration of Residence in Baltimore. Baltimore Md.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 7th 1860

AGE: 46 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Ephraim Fuld

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Hamburger

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Fuld

(Address) 409 W. Paca St.

Filed July 14 1906 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12 — 1906

I HEREBY CERTIFY, That I attended deceased from April 11th 1906 to July 12 1906 that I last saw him alive on July 12 1906, and that death occurred, on the date stated above, at 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of tibia with general metastasis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address 1514 Division St.

Date July 12 1906

Place of Burial Fuld Joint Cemetery

Date July 15 1906

Undertaker J. Ahrens Co

Address 754 W. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 91748

City of Baltimore, (No. 1939, Christian St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Teresia Romm

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 30, (Month) (Day) 1905 (Year)

AGE: ..... years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Joseph Romm

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Lilly Sommers

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lilly Romm

(Address) 1939 Christian St.

Filed July 14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 13, 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 4:30 p. m. The CAUSE OF DEATH was as follows:

Marasmus

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. A. Dickey, M. D.

July 14, 1906 (Address) 2126 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem:	July 15 1906
UNDERTAKER	ADDRESS
G. W. Dill.	810 Fredk ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91749 Registered No. B 91749

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 805 Druid Hill Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Emma Simpson

{ Residence, if in Baltimore, Give Street and Number. } 805 Druid Hill Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Emma Simpson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Dunn

(Address) 905 Druid Hill Av

Filed July 15th 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h..... alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 D DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Bradnin M.D.

Address 700 Lex. av. Corner

Date July 14th 1906

Place of Burial Mt Auburn Cemetery

Date July 16 1906

Undertaker Felix B. Pyle

Address 103 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 21750

City of Baltimore, (No. 727 S Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Davidson

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH ..... (Month) 1 (Day) ..... Year)

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Morris Davidson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Tabilor

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Davidson

(Address) 727 S Charles st

Filed 7/15 1906 — H. E. C. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1906 to July 13 1906

that I last saw h[illegible] alive on July 1906,

and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Abdominal.
about 2 yr —

(DURATION) ~~DAYS~~

Contributory .....

(DURATION) DAYS

(Signed) H. T. Brunlle M. D.

July 14 1906 (Address) 12 N. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington Bd	July 15 1906
UNDERTAKER	ADDRESS
Mat Levinson	1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 9751

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Raftery.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum.

Duration of Residence in Baltimore. 54 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeping.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/15 1906.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 14 1906

that I last saw h.. alive on July 14 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral and Aortic regurgitation

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma

faciei. ..... (DURATION) ..... DAYS

(Signed) [redacted] M.D.

Address Bay View Asylum

Date July 14 1906 1906

Place of Burial St Peters

Date July 16 1906

Undertaker John J Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of H

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be t the Physician who attended during his or ***twenty-four hours after death***, to the Under can be ascertained, the full name, sex, age, co

rd of Health to secure a full and correct record of Vital Statistics in the City of B

is or her last sickness, or the Coroner, when the case comes under his notice, to furn Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same nge, condition (whether married or single) of the person deceased, and the cause and dat d date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91752

Prostatuan

Registered No. B.....

City of Baltimore, (No. 576 Prospect Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah J. Smith

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Feb (Month) 21 (Day) 1859 (Year)	
AGE: 47 years, 4 months, 22 days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: Frederick Esterly	
BIRTHPLACE OF FATHER (State or country): Germany.	
MAIDEN NAME OF MOTHER: Susan Jones	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Joseph Smith

(Address) 2553 Francis St

Filed 7/15 1906 D. H. L. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 13th 1906 that I last saw her alive on July 13th 1906, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Chronic intestinal nephritis

(DURATION) 3 weeks DAYS

Contributory Right cerebral hemorrhage, hemiplegia (DURATION) 2 hours DAYS

(Signed) Geo C Mundor M. D.

July 14 1906 (Address) 1054 N Gay St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2553 Francis St How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	July 16 1906
UNDERTAKER: Joseph B Cook	ADDRESS: 1003 N Eutaw

CERTIFICATE OF DEATH.

91753

(Place of Death.) No. Evans Cor. Dept of Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Auer

{ Residence, if in Baltimore, Give Street and Number. } 130 Leloup St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep 4th 1892

AGE: 13 years, 10 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Auer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: school boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Auer

(Address) 130 Leloup st

Filed 7/15 1906 F. X. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from A.D. Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drowned while in bathing at Evans Cor.

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) J. D. Gelbach M.D.

Address 211 W. Lanvale

Date July 13th 1906

Place of Burial Holy Cross R.R. Co.

Date July 16 1906

Undertaker Jos. Stumbaugh

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91754
120

Registered No. B.....

City of Baltimore, (No. 1634, N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Michael Kuch

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March — 1842 (Month) (Day) Year
AGE	64 years, 3 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Shoemaker (retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Ader

(Address) 1634 N. Durham St.

Filed 7/15 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1905 to July 14 1906 that I last saw him alive on July 13 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

Several years (DURATION) ..... DAYS

Contributory Heart complications

Year or more (DURATION) ..... DAYS

(Signed) W. G. Sandrock M. D.

July 14 1906 (Address) 1242 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	Holy Cross R C Co.
DATE OF BURIAL	July 16 1906
UNDERTAKER	Jos. Stumbeck
ADDRESS	1318 Light St

Ward 7th

Registered No. B 91755

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 Battey Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward B. Miller.

{ Residence, if in Baltimore, Give Street and Number. } 1205 Battey Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: Aug. 20th 1905

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Wm. H. Miller.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mamie F Shuman

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1205 Battey Ave.

Filed 7/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 13th 1906 that I last saw h[illegible] alive on July 13 1906, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mal-nutrition.

Marasmus

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [redacted] M.D.

Address 635 Lexington

Date July 14th 1906

Place of Burial St Alphonsus.

Date July 16th 1906

Undertaker C G Yaske

Address 110 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

Registered No. B 012756

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1143 Riverside Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Joseph Wirth

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 26 1902

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Bernard Wirth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Raab

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Mother)

(Address) 1143 Riverside Ave

Filed 7/15 1906 FXL

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 11 1906

I HEREBY CERTIFY, That I attended deceased from As before 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, following Malaria, bron Date 3 days. Semans & Dr Buckmaster Of Light St. (DURATION) — DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. D. Johnston M.D.

Address 711 W. Fenwick

Date July 14 11 1906

Place of Burial Holy Cross A.A.C.

Date July 16 1906

Undertaker C. E. Hale.

Address 115 C West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age,** [illegible] deceased, and the **cause and date of death.** [illegible] shall be under his certificate [illegible] the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91757

Registered No. B.....

City of Baltimore, (No. 909 N. Gay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Soranda Soranda

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 2 (Day) 1904 (Year)

AGE: 2 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Soranda

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Cosmo Bolens

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Domenich Bolens

(Address) 909 N. Gay St.

Filed 7/15 1906 F. L. S. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 14 1906 that I last saw h[illegible] alive on July 14 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pertusis

4 (DURATION) 6 DAYS

Contributory: Pneumonia

(DURATION) 6 DAYS

(Signed) W. Mulalcalt M. D.

July 14 1906 (Address) 82 Marquett

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincents Cemetery | DATE OF BURIAL: July 15 1906

UNDERTAKER: Germanus Franca | ADDRESS: Banks & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91758

Registered No. B .....

City of Baltimore, (No. 709 Cumberland Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gustav J. Hahn

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 7th 1905 (Month) (Day) (Year)
AGE	1 years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Adam Hahn
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	~~Hahn~~ Annie Glaser
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Hahn

(Address) 709 Cumberland St.

Filed 7/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to July 13 1906

that I last saw him alive on July 13 1906,

and that death occurred, on the date stated above, at 10 2 M. The CAUSE OF DEATH was as follows:

Pneumonia followed by Brain Complecations

(DURATION) 3 Weeks DAYS

Contributory as above

Gen. Mupress (DURATION) ..... DAYS

(Signed) E A Smith M. D.

July 13 1906 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Paul Luth: Cem — DATE OF BURIAL: July 16 1906

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 91769

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paulina Slowesaka

{Residence, if in Baltimore, Give Street and Number.} 405 S. Bond St.

Duration of Residence in Baltimore. Seven yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 50 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland Russia

FULL NAME OF FATHER: Joseph Ruthowski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Rosa Jatowska

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Slowski

(Address) 405 S. Bond St

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/14 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 14 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of heart, with Pulmonary Oedema and general dropsy. (DURATION) 4 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) H C. Irwin M.D.

Address St Josephs Hospital

Date July 14 1906

Place of Burial Holy Rosary

Date Monday July 16 1906

Undertaker M F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Will remove to 405 S. Bond St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 91760

CERTIFICATE OF DEATH.

(Place of Death.) No. 2702 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Hoppa

{Residence, if in Baltimore, Give Street and Number.} 2702 Dillon st

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1840

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Shaya

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Mc Kiewicz

(Address) 2702 Dillon St

Filed 7/15 1906 F X L Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 12 1906 that I last saw h[illegible] alive on July 12 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia

(DURATION) ..... DAYS

Contributory (Primary) Cardiac Dropsy (DURATION) 5 DAYS

(Signed) [illegible] M.D.

Address 922 S. Ann st

Date July 14 th 1906

Place of Burial St Stanislaus

Date Sunday July 15th 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 21761

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Harris Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes L Dembek

{Residence, if in Baltimore, Give Street and Number.} 907 Harris Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: June 16 " 1904

AGE: 2 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore "

FULL NAME OF FATHER: Frank Dembek

BIRTHPLACE OF FATHER (State or country): Germany "

MAIDEN NAME OF MOTHER: Magdlena Ungwerth

BIRTHPLACE OF MOTHER (State or country): Germany "

OCCUPATION OF DECEASED: None "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Frank Dembek

(Address) 927 S. Harris Alley

Filed 7/15 1906 7 x 8 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 - 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 14 1906

that I last saw her alive on July 13 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

1 wk (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. A. Rice M.D.

Address 619 S Paca St

Date July 15 1906

Place of Burial St Stanislaus

Date Monday July 16 " 1906

Undertaker M. J. Jadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B 91762

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Aliceanna St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonina Krol.

{ Residence, if in Baltimore, Give Street and Number. } 1615 Aliceanna St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Joseph. Krol.

BIRTHPLACE OF FATHER (State or country): Austria —

MAIDEN NAME OF MOTHER: Mary Petra.

BIRTHPLACE OF MOTHER (State or country): Austria.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Krol.

(Address) 1615 Alice Anna St

Filed 7/15 1906 7 X 1 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 — 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 14 1906 that I last saw h er alive on July 14 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Enteritis

& Asthenia & Convulsions

about 1 week (DURATION) — DAYS

Contributory (Primary.) Catarrhal Enteritis (DURATION) 7 DAYS

(Signed) J. B. Bennett. M.D.

Address 1211 — N. Carrolle

Date July 15 — 1906

Place of Burial St Stanislaus.

Date Sunday July 15" 1906

Undertaker M. F. Sadowski.

Address 703 S. Ann St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 91763

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 904 Chesapeake St - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Kleinschmidt

{ Residence, if in Baltimore, Give Street and Number. } 904 Chesapeake St -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 5th 18[illegible]
AGE	8 years, 3 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Kleinschmidt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Bertha Isenbrandt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kleinschmidt

(Address) 904 Chesapeake St.

Filed 7/15 190 6 J. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 12 1906

that I last saw him alive on " 12 1906, 8 P.M.

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Burned body (scald)

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Chas. D. Kerr M.D.

Address Cor Gilmor & Park Park Ave

Date July 13th 1906

Place of Burial Mt Evergreen Cem

Date July 15th 1906

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

Filed July 13 1906 Henry Kleinschmidt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91764

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary E. Connn

{ Residence, if in Baltimore, Give Street and Number. } 311-W- Biddle ST.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 24th 1836

AGE: 69 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Dorchester Co Md.

FULL NAME OF FATHER: John Richard Creighton

BIRTHPLACE OF FATHER (State or country): Cambridge Dorchester Co. Md

MAIDEN NAME OF MOTHER: Damaris Meekins

BIRTHPLACE OF MOTHER (State or country): Dorchester Co, Md.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Creighton - Sister

(Address) Fulton Ave & Franklin St

Filed 7/15 1906 F X L Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July - 14 - 1906

I HEREBY CERTIFY, That I attended deceased from July - 6 1906 to July - 14 1906 that I last saw h- alive on July - 14 1906 and that death occurred, on the date stated above, at 11:10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enterocolitis

(DURATION) 8 DAYS

Con'ributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) M. W Short M.D.

Address Md Homoeo Hospital

Date July - 14 - 1906

Place of Burial Cambridge Dorchester Co Md

Date July 16th 1906

Undertaker Geo J Smith - Co

Address 1003 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7

Registered No. B 91765

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1420 Hanburt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Leroy

Full Name L. E. Morris

{Residence, if in Baltimore, Give Street and Number.} Same 1420 Hanburt

Duration of Residence in Baltimore. Same

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 8 1904

AGE 1 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltr. Md

FULL NAME OF FATHER Wm L. Morris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER S. Ella Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Ella Morris

(Address) 1420 Hanburt St

Filed 7/15 1906 FXJ

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 — 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 15 1906 that I last saw h alive on July 14 1906, and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Malnutrition

(DURATION) 30 DAYS

(Signed) N. Lee Brunds. M.D.

Address 2728 E. Chase

Date July 15 1906

Place of Burial Druid Ridge Cem

Date July 16 1906

Undertaker Wm J. Tilman Sons

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 91766

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Ballmans Alley foot-rient-and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leroy Captain Booze

{ Residence, if in Baltimore, Give Street and Number. } 1746 Aisquith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Baker Booze

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Annie Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Leader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough St

Filed 7/15 1906 7X1 Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Snyder Coroner M.D.

Address 330 N. Greene St

Date July 14 1906

Place of Burial Asbury Cem Greenbg

Date July, 16 1906

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91767
64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 119, W Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marcella Byrne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 15 (Month) (Day) 1906 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 W Mulberry

Filed 7/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 14 1906 that I last saw her alive on July 14 1906, and that death occurred, on the date stated above, at 1.30 A.M. The CAUSE OF DEATH was as follows:

Apoplexy,

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. B. Browne M.D.

July 15 1906 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: July 16 1906

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 9,768

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Fitzpatrick

{ Residence, if in Baltimore, Give Street and Number. } 13 & Within Dr.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Michael Mullin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/13 1906

I HEREBY CERTIFY, That I attended deceased from 7/12 1906 to 7/13 1906

that I last saw h- alive on 7/13 1906

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary) Carcinoma ?

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date 7/13 1906

Place of Burial Cathedral Cem

Date July 16 1906

Undertaker D & M. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B 91769

91769

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkin Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenzo Hardrey.

{ Residence, if in Baltimore, Give Street and Number. } Mulliken St 2 doors west of Dallas

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Harry Hardrey

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Edith Brown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Brown

(Address) Mulliken near Dallas.

Filed July 15 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 14 1906 that I last saw him alive on July 14 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Bingland M.D.

Address Johns Hopkin Hospital

Date July 15th 1906

Place of Burial Asbury Cemetary

Date 15 July 1906

Undertaker John W. Henderson

Address 31 N Caroline st

Funeral July 15th - 4 P M from 1424 Bank

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91770 Registered No. B 91770

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 W Biddle St Shelter for Aged Colored Persons St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Mills

{Residence, if in Baltimore, Give Street and Number.} 517 W Biddle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: about 1836

AGE: 70 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Schooley

(Address) 517 W. Biddle St

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to July 14th 1906

that I last saw h— alive on July 11th 1906

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Acute indigestion

(DURATION) DAYS

(Signed) Henry M. Fogleman M.D.

Address 211 N. Madison St.

Date July 15 1906.

Place of Burial Laurel Cemetery

Date July 16th 1906

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 91771

82

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 N Eutaw Baltimore Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Timothy Kennie

{Residence, if in Baltimore, Give Street and Number.} 824 N Eutaw St

Duration of Residence in Baltimore. 8 1/2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 17th 1813 ~~July March 17 1806~~ 1813

AGE: 93 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Owego N Y

FULL NAME OF FATHER: John Kinney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Miss Coste

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Coghlan

(Address) 824 Eutaw St

Filed 7/16 1906 HARRY O. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1905 to July 15 1906

that I last saw h alive on July 15 1906

and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Thrombus (Cerebral)

Old age

3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B Coghlan M.D.

Address 824 Eutaw St

Date July 15 1906

Place of Burial Flint Michigan

Date July 16 1906

Undertaker C.E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91772

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Matilda Walker

{ Residence, if in Baltimore, Give Street and Number. } 422 Druid Hill Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1846

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley.

(Address) Md General Hospital

Filed 7/16 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 13, 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 12-0

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Brights Disease

? (DURATION) ? DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 1 DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hospital

Date July 17, 1906

Place of Burial Loudon Park Cemetery

Date July 16th 1906.

Undertaker Wm. M. Gaulthey

Address 901 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **two day-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91773

City of Baltimore, (No. 2108, Vine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Henrietta Eckman

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Jan. 25 1906 (Month) (Day) (Year)	
AGE: years, 5 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: J. M. Eckman	
BIRTHPLACE OF FATHER (State or country): Howard Co Md	
MAIDEN NAME OF MOTHER: Mary Eckman	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md	
OCCUPATION OF DECEASED: None.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Eckman

(Address) 2108 Vine St

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 15 1906 that I last saw her alive on July 14, 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 3 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Decker M. D.

July 15, 1906 (Address) 213 S Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 17 1906
UNDERTAKER	ADDRESS
Wm. M. Grantham	901 N. Paca St.

Ward ..... 91774 Registered No. B 91774

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Krecek

{ Residence, if in Baltimore, Give Street and Number. } 834 No Chapel St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 49 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Krecek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jvane Krecek

(Address) 824 No Chapel St.

~~Filed~~ 7/16 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 14 1906 that I last saw h~~im~~ alive on July 14 1906, and that death occurred, on the date stated above, at 12 Noon.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Pancreas

..... (DURATION) ..... DAYS

Contributory (Primary.) Ditto

..... (DURATION) ..... DAYS

(Signed) Rufus I Cole, M.D.

Address Johns Hopkins Hospital

Date July 14 1906

Place of Burial Oak Hill

Date July 16 1906

Undertaker Frank Krach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 91775 — Registered No. B 91765

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 426 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Moylan

{Residence, if in Baltimore, Give Street and Number.} 426 E Fayette St.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Moylan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Kay

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Moylan

(Address) 426 E Fayette St

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 12 1906 that I last saw her alive on July 12 1906 and that death occurred, on the date stated above, at 11 ½ M. CAUSE OF DEATH (Secondary or Immediate) Intestinal Obstruction Volvulus

(DURATION) 6 DAYS

Contributory (Primary.) Epithelioma

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 708 E Fayette St

Date July 14, 1906

Place of Burial Cathedral Cemetery

Date July 16 1906

Undertaker Evans & Spencer

Address 1050 E Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91776

City of Baltimore, (No. 2007, Frederick Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Wm Munch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Munch

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Le. Braun

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Geo P Paulus

(Address) 2101 Fredk Ave

Filed 7/16 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7, 1906 to July 14, 1906 that I last saw him alive on July 14, 1906, and that death occurred, on the date stated above, at 1- a. m. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) Life DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

July 15, 1906 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: July 16 1906

UNDERTAKER: Mrs Geo. P. Paulus | ADDRESS: 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91777

City of Baltimore, (No. Notre Dame Asquith St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary Cordula Kroeger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Aug (Month) 3 (Day) 1860 (Year)

AGE: 45 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Philadelphia Penn.

FULL NAME OF FATHER: Henry Kroeger.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Christina Gnraths

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith

Filed 7/16 1906

HARRY O. ARDUSS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from time to time 1906 to last 10 years 1906

that I last saw h er alive on July 14 1906,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis

abt 15 years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A J Kirby M. D.

July 15 1906 (Address) 110 E Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount (Brent) | DATE OF BURIAL: July 17 1906

UNDERTAKER: A. Fink & Son | ADDRESS: 910 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 — Registered No. B 91778

91778

CERTIFICATE OF DEATH.

105

Place of Death.) No. 327 S. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles A. Reiss

{Residence, if in Baltimore, Give Street and Number.} 327 S Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Balto Jan 10 1906
AGE	— years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Chas. A Reiss
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Magrethe Draper
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Reiss

(Address) 327 S. Durham

Filed 7/16 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 14 1906

that I last saw him alive on July 13 1906,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Meningitis (DURATION) 1 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Enright St

Date July 15. 1906

Place of Burial Holy Redeemer

Date July 16 1906

Undertaker Kendall Dippel & Co

Address 320 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in this city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91779 Registered No. B 91779

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Painter

{ Residence, if in Baltimore, Give Street and Number. } Roland Park. Md.

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 20 1838

AGE 67 years, 8 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edward Painter

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Louisa Gilpin

BIRTHPLACE OF MOTHER (State or country) Delaware.

OCCUPATION OF DECEASED Mechanical Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Painter Thacker

(Address) Roland Park, Md.

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 15 1906

that I last saw h[illegible]live on July 15 1906

and that death occurred, on the date stated above, at 3.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Terminal pneumonia

(DURATION) DAYS

Contributory (Primary.) Prostatectomy

(DURATION) DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date July 15 1906

Place of Burial Druid Ridge Cem. Pikesville

Date July 18th 1906

Undertaker H. M. Jenkins & Sons Co.

Address 2330 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91280

City of Baltimore, (No. 1823 N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret E Jolly

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	W
DATE OF BIRTH	March (Month) 12th (Day) 1835 (Year)
AGE	71 years, 4 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Harford Co Md
FULL NAME OF FATHER	Geo A McComas
BIRTHPLACE OF FATHER (State or country)	Harford Co Md
MAIDEN NAME OF MOTHER	Eliz Margaret E McComas
BIRTHPLACE OF MOTHER (State or country)	Harford Co Md
OCCUPATION OF DECEASED	no

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J R Jolly

(Address) 1823 N Caroline

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 13 1906

that I last saw h— alive on July 13 1906,

and that death occurred, on the [redacted]e, at 7.40 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 8 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 3 yrs

(Signed) R T Davis M. D.

1906 (Address) 1507 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	July 16 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B 91781

91781

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 1631 Ludlow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Levin Park.

{ Residence, if in Baltimore, Give Street and Number. } 1631 Ludlow St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 1 1904

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm. B. Park.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lilly May Moten

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fickeyes

(Address) 163 Ludlow St

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1904

I HEREBY CERTIFY, That I attended deceased from July 13 1904 to July 15 1904 that I last saw h.. alive on July 14 1904, and that death occurred, on the date stated above, at 2 ..m. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

(DURATION) 15 DAYS

Contributory (Primary.) Patent foramen ovale

(DURATION) 15 DAYS

(Signed) Jos. A. Delaney M.D.

Address 435 E. Fort Ave.

Date July 15 1904

Place of Burial Mt. Olivet Cemetery

Date July 16 1904

Undertaker John F. Fahey

Address 1232 William

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 91782 Registered No. B 91782

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1122 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Joyce

{Residence, if in Baltimore, Give Street and Number.} 1122 William St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	July 10, 1906
AGE	— years, — months, 5 days
SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Edward T. Joyce
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Molly Hall
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward T. Hall

(Address) 1122 William St.

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 15 1906 that I last saw h alive on July 14 1906 and that death occurred, on the date stated above, at 6.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edward Kemp M.D.

Address 517 Luzon

Date July 15 1906

Place of Burial Baltimore Cem

Date July 16, 1906

Undertaker John J. Bailey

Address 1232 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91783

City of Baltimore, (No. (921) N. 9th Street; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME John Leon Jordan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June (Month) 6 (Day) 1905 (Year)

AGE: 1 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys co Md

FULL NAME OF FATHER: Philemon H Jordan

BIRTHPLACE OF FATHER (State or country): Balto co Md

MAIDEN NAME OF MOTHER: Clara E Edwards

BIRTHPLACE OF MOTHER (State or country): St Marys co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F. Elmer

(Address) Reisterstown Balto Co Md

Filed 7/16 1906 BARRY C. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 16 1906 that I last saw him alive on July 15 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Diarrhoea with Liver Complications at the Spasms

(DURATION) 15 DAYS

Contributory

(DURATION) DAYS

(Signed) W L Morgan M. D.

July 15 1906 (Address) 202 W Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Lukes Cemetery Reisterstown Md

DATE OF BURIAL: June 16 1906

UNDERTAKER: E D. Selby & Co

ADDRESS: Reisterstown Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

91784 Registrar No. D

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1723 Byrd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Lacey

{ Residence, if in Baltimore, Give Street and Number. } 1723 Byrd St

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 10 — 11 — 1838

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Lacy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Dulaney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Connolly

(Address) 1723 Byrd St.

Filed 7/16 1906 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to July 14 1906 that I last saw h[illegible] alive on July 1 1906, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis

Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. B. Bunch M.D.

Address 528 N Carrollton ave

Date July 14 1906

Place of Burial Holy Cross Cemetery

Date July 17th 1906

Undertaker John J. Fahey

Address 2253 Williams St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 91785

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of John & Anna Ramsey Full Name Theodocia Ramsey

{Residence, if in Baltimore, Give Street and Number.} 1138 Battery Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 13th 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Ramsey

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna Grimes

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ramsey

(Address) ~~835 Light St~~ 1138 Battery Ave

Filed 7/16 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 15 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate) Premature Birth at 5½ month.

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G. H. Hammond M.D.

Address 835 Light St

Date July 15 1906

Place of Burial Western Cem.

Date July 16th 1906

Undertaker G. Ward.

Address #115 E. West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91786

CERTIFICATE OF DEATH.

91786

(Place of Death.) No. 164 W. Cross St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Mrs. Elizabeth Laynds-

{ Residence, if in Baltimore, Give Street and Number. } 164 W. Cross St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White -

DATE OF BIRTH Aug 22nd 1840

AGE 55 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Filling

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Do not Know.

BIRTHPLACE OF MOTHER (State or country) Do not Know.

OCCUPATION OF DECEASED Domestic -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Son) Geo. Henry Weber

(Address) 423 W. West St

Filed 7/16 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 13 1906

that I last saw h alive on July 13 1906

and that death occurred, on the date stated above, at 9.45 M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy -

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion (DURATION) 6 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St

Date July 14 1906

Place of Burial Western Cem

Date July 16th 1906

Undertaker E. Schulman & Son

Address 1029 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 91787 Registered No. B 91787

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard Damenfelser

{ Residence, if in Baltimore, Give Street and Number. } 1539 Hanover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: Aug 14 1874

AGE: 31 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Damenfelser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Leppert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Debus (Sis)

(Address) 1539 Hanover St.

Filed 7/16 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 15 1906

that I last saw h~ alive on July 15 1906

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wakeham M.D.

Address 16 S Broadway

Date July 15 1906

Place of Burial Balto Cem

Date July 17th 1906

Undertaker E. Schloman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91783 Registered No. B 91788

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Wilmer Aly St. (If Death occurred in Hospital or institution give its Name instead of Street and Number

Full Name James Ward

{Residence, if in Baltimore, Give Street and Number.} 1514 Wilmer Aly

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Ward

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mamie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Ward

(Address) 1514 Wilmer Aly

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 14 1906 that I last saw him alive on July 14 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 7 DAYS

(Signed) John E Finch M.D.

Address 624 N Lafayette Ave

Date July 14 1906

Place of Burial Mt Auburn Cem

Date July 16 1906

Undertaker Wm Johnson

Address 1410 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91789

City of Baltimore, (No. 610 W. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victor Gustitis

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	April (Month) 15 (Day) 1906 (Year)
AGE	..... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Balto City.
FULL NAME OF FATHER	George Gustitis
BIRTHPLACE OF FATHER (State or country)	Lithuania.
MAIDEN NAME OF MOTHER	Maggie Loszoski
BIRTHPLACE OF MOTHER (State or country)	Lithuania.
OCCUPATION OF DECEASED	NV.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Child

(Address) 610 W. Lombard St

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 15 1906 that I last saw h[illegible] alive on July 14 1906, and that death occurred, on the date stated above, at 8 50 A.M. The CAUSE OF DEATH was as follows:

Cholera Infantum.

(DURATION) 14 DAYS

Contributory Asthenia (Dry- Nursed It the last 3 weeks) (DURATION) 7 DAYS

(Signed) Aepard Whitehead M. D.

July 15 1906 (Address) 1215 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Alphonsus	July 16 1906
UNDERTAKER	ADDRESS
H. S. Finch	2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 91790

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Noelle

{ Residence, if in Baltimore, Give Street and Number. } 809 S. Arnold

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5th 1841

AGE: 65 years, 6 months, 8 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Chas Noelle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Vd. Wettern

(Address) 1210 E Madison

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 6 1906 to July 16 1906 that I last saw him alive on July 15 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis with Mitral Regurgitation.

(DURATION) 190 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Josephs Hospital

Date July 16 1906

Place of Burial Balto Cemetery

Date July 18th 1906

Undertaker Geo Schilling & Sons

Address NW Cor Aisquith & Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 91791

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 538 Wilson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. } 538 Wilson St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: July 12 1861

AGE: 45 years, — months, 1 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Simon Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Burns

(Address) 1107 Dolphin Ave

Filed 7/16 1906 HARRY C. ANDREWS, CITY REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 13 1906

that I last saw him alive on July 13 1906,

and that death occurred, on the date stated above, at 2-00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pulmonary Tuberculosis

1 year — (DURATION) — DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D. M.D.

Address Md. Gen. Hospital

Date July 13 1906

Place of Burial Mt Auburn Cem

Date July 16 1906

Undertaker J A Burns

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 97742

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ada Scott

{Residence, if in Baltimore, Give Street and Number.} 509 W. Pratt

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: col —	DATE OF DEATH: July 14 th 1906
DATE OF BIRTH: Dont know 1	I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 14th 1906 that I last saw h.r alive on July 14th 1906 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.) Acute Pneumonia Phthisis
AGE: about 14 years, months, days	(DURATION) 5 or 6 DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Con'tributory (Primary.)
BIRTHPLACE (State or country): Maryland S. Mary Co	(DURATION) DAYS
FULL NAME OF FATHER: Unknown	(Signed) A. Lee Ellis M.D.
BIRTHPLACE OF FATHER (State or country): "	Address 922 Mad. Ave
MAIDEN NAME OF MOTHER: Carrie Cook	Date July 15 th 1906.
BIRTHPLACE OF MOTHER (State or country): St Mary Co Md	Place of Burial Mt Auburn Cemetery
OCCUPATION OF DECEASED: none	Date July 17 1906
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Informant) John A. Brohl (Address) 1107 North Ave	Undertaker J. A. Brohl Address 1107 North Ave
Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 91793 Registered No. B ... 91795

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 710 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Karcz

{ Residence, if in Baltimore, Give Street and Number. } 710 S. Broadway

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: June 30 1906

AGE: ... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Karcz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Stanislawa Brzyska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Karcz

(Address) 710 S. Broadway

Filed 7/16 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 13 1906 that I last saw h.im alive on July 13 1906, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea (DURATION) 4 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 722 S. Ann

Date July 14 1906

Place of Burial St Stanislaus

Date July 16 1906

Undertaker Jacob Fralkowski

Address 928 Aliceno

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91794

City of Baltimore, (No. 431 S Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josie Kryger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 8 (Day) 1906 (Year)

AGE: ..... years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Frank Kryger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Jagodinska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kryger

(Address) 431 S Caroline

Filed 7/16 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 16 1906 that I last saw h alive on July 15 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) E. C. Bladen M.D.

July 16 1906 (Address) 121 Jackson St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: July 16 1906

UNDERTAKER: Jacob Frankowski

ADDRESS: 428 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 91795

Registered No. B.....

City of Baltimore, (No. 529 S. Bond St.; 3 Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Skalinska

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, / months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Teofil Skalinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josepha Stanowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teofil Skalinski

(Address) 529 S. Bond St.

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 15th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 15 1906 that I last saw her alive on July 14 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Entero-Colitis

about 2 weeks (DURATION) ..... DAYS

Contributory Asthenia

about 2 weeks (DURATION) ..... DAYS

(Signed) J B Bennett M. D.

July 15 1906 (Address) 1211 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: July 16 1906

UNDERTAKER: Jacob Frantzman — ADDRESS: 428 S Bond

WM. J. C. DULANY CO., BALTIMORE

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 91796 — Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 5 — Joseph Hargitt St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Shanlew

{ Residence, if in Baltimore, Give Street and Number. } 1843 Harford

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 7/16 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Suddey

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroner

Date July 15 06 190

Place of Burial Immanuel Lutheran

Date July 17th 190 6

Undertaker Geo Mosser

Address 1442 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during iis or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 91797 Registered No. B 91797

CERTIFICATE OF DEATH.

91797

(Place of Death.) No. 1111 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robinette Davis

{Residence, if in Baltimore, Give Street and Number.} 1111 N. Milton Ave

Duration of Residence in Baltimore. 6 Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 21. 1902

AGE: 3 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Charles Davis

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Cora Saunders

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Davis

(Address) 1111 N. Milton Ave

Filed 7/16 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 6th 1906 to July 15th 1906 that I last saw her alive on ..... 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) 10 DAYS

Contributory (Primary.) Toxaemia and Exhaustion (DURATION) 2 DAYS

(Signed) Albert G. Simmons M.D.

Address 1202 N. Patterson Park Ave.

Date July 16th 1906

Place of Burial Mt Carmel

Date July 16th 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91798

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alvis Langrall Dunnock

{Residence, if in Baltimore, Give Street and Number.} 136 S. Ann St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 5th 1905

AGE: — years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dunnock Jr.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Cole.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dunnock Jr.

(Address) 136 S. Ann St.

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 14 1906 that I last saw h[illegible] alive on July 13 1906, and that death occurred, on the date stated above, at 6.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colonitis

(DURATION) 14 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) G. C. Rucks M.D.

Address 2400 E. Biddle

Date July 14. 1906

Place of Burial Gay Lawn Cem

Date July 17 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 91799 Registered No. B 91799

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 2208 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabelle Porter

{Residence, if in Baltimore, Give Street and Number.} 2208 Canton ave

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 20 1828
AGE	78 years, — months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathaniel D. Porter

(Address) 2208 Canton Ave

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 13th 1906 that I last saw h[er] alive on July 13th 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

was of paralysis by Dr Warfield at Maryland General Hospital.

(DURATION) 5 DAYS

Contributory (Primary.) Abscess of Liver

(DURATION) 26 DAYS

(Signed) David W. Lowe M.D.

Address 3116 O'Donnell st

Date July 14th 1906

Place of Burial Western Cem.

Date July 16th 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91800 — Registered No. B 91800

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 213 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Walter

{ Residence, if in Baltimore, Give Street and Number. } 213 S. Regester

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 20th 1834
AGE	72 years, 1 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hoffman

(Address) 16 N Gough St.

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 13 1906 that I last saw h[e] alive on July 13 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Cardio~~

Dearthwaite

(DURATION) 4 DAYS

Contributory (Primary.) Aortic Stenosis - Arterio-Sclerosis (DURATION) Unknown DAYS

(Signed) Geo L Mettier M.D.

Address 6 N. Bond

Date July 15 1906

Place of Burial St Pauls Cem

Date July 16th 1906

Undertaker H. Snyder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 41804

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 Riggs Ave Addison St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa E. Stanley

{Residence, if in Baltimore, Give Street and Number.} 1312 Riggs Ave

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Oct 10th 1876

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER James Stanley

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Mary Coles.

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stanley

(Address) 1312 Riggs Ave

Filed 7/16 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to July 14 1906

that I last saw h Her alive on July 14 1906

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Ephemeritis

Contributory (Primary) (DURATION) 1 DAYS Tuberculosis

(DURATION) 4 yrs DAYS

(Signed) Jno E Forsyth M.D.

Address 1741 Pennsylvania Ave

Date July 14 1906

Place of Burial St Thos Cemetery

Date July 17th 06 1906

Undertaker Laurence C Wright

Address 1367 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 91802

Nursery and Child Hospital

City of Baltimore, (No. 1116 W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary V. Hogg

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 11 (Month) 14 (Day) 1905 (Year)	
AGE: — years, 8 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	V
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	c
MAIDEN NAME OF MOTHER	c
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	V

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E M Stone

(Address) 1116 Lanvale

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 24-Nov- 1905 to July 15 1906

that I last saw h[illegible] alive on July 15 1906,

and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Marasmus + Exhaustion, due to Immaturity

(DURATION) Life 1 DAYS

Contributory Exhaustion

(DURATION) Life 1 DAYS

(Signed) John Ruhrah M. D.

July 15 1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	July 16 1906
UNDERTAKER: C H Blizzard & Co	ADDRESS: 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

V

Ward ..... 91803 Registered No. B 91803

CERTIFICATE OF DEATH.

(Place of Death.) No. Women's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Annie C Gullimore

{Residence, if in Baltimore, Give Street and Number.} 1153 N. Fulton Ave

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 12 1859

AGE 47 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Hardy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maria Fletcher

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Gullimore

(Address) 1153 N Fulton Ave

Filed 7/16 1906

HARRY G. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 13 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 9.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Providentia Uteri

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date July 13 1906

Place of Burial London Park

Date July 16 1906

Undertaker Wm Tesmond & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91804

(Place of Death.) No. 543 W. Conway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles P. Jubb

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 6 1866

AGE 40 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thos Jubb

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mollie Jubb

(Address) 543 W Conway

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from As above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull -

(Ingestion July 14th at Boston Sta.)

(DURATION) DAYS

Contributory (Primary.) Fall on platform

(DURATION) DAYS

(Signed) J. D. Schwatka M.D.

Address 711 W. Lanvale

Date July 15th 1906

Place of Burial Mt Olivet Cem

Date July 17 1906

Undertaker W. J. Nelson & Son

Address Calvert near

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91805

City of Baltimore, (No. 615 W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah E. Owen.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Aug. 12 1833
AGE	72 years, 11 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Geo. W. Talbott
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Maria A. Knapp
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. W. Owen

(Address) 615 W. Barre

Filed 7/16 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 15th 1906

that I last saw h er alive on July 15th 1906.

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis & Uraemia

(DURATION) 4 yrs

Contributory Uraemia

(DURATION) 2 wks

(Signed) R. A. Warner M. D.

July 16 1906 (Address) 873 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	July 17 1906
UNDERTAKER	ADDRESS
Wm. J. Tukens Sons	Lamden & Co.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91806 Registered No. B 91806

CERTIFICATE OF DEATH. 91806

(Place of Death.) No. 2736 W Lafayette av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christa Cecelia Wood

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 27 1847

AGE 59 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Richard Nally

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Wood

(Address) 2736 W Lafayette av

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 17 1906 that I last saw her alive on July 13 1906, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

(DURATION) 3 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) Chas H Burbank M.D.

Address 1100 W. Lafay. av

Date July 15th 1906

Place of Burial Baltimore Cem

Date July 16 1906

Undertaker J. Pat Johns

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91807

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Miss Fannie Lewis

{ Residence, if in Baltimore, Give Street and Number. } 818 N. Carey

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 14 1859

AGE 47 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Lewis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Freeman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos L Purdum

(Address) 818 N Carey St.

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 14 1906 that I last saw her alive on July 14 1906, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Appendicitis

(DURATION) 11 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 8 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date July 14, 1906

Place of Burial Garrettsville Md

Date July 17 1906

Undertaker Wm J. Rickard & Bro

Address Eutaw Place

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating facts, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91808

(Place of Death.) No. 1317 N Port St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ida Koffenberger

{Residence, if in Baltimore, Give Street and Number.} 1317 N Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH July 13th 1906

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Godrey Koffenberger

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Sarah V. Hutton

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah V. Koffenberger

(Address) 1317 N Port St

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 13th 1906 to July 15th 1906 that I last saw him alive on July 14th 1906, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis, 6½ hours

Cochin.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) Chas. B. Cochran M.D.

Address 1304 Bro[illegible]

Date July 15th 1906

Place of Burial Mt Pleasant

Date July 16 1906

Undertaker Robt J Turner

Address 1311 Bay View

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

91809

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Stanislaus Andrzejeos.

{ Residence, if in Baltimore, Give Street and Number. } Schumacher 900. — City Hospital

Duration of Residence in Baltimore. From June 22nd 1906

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) S. Gay St

Filed 7/16 1906 HARRY G. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from June 22 1906 to July 16th 1906 that I last saw him alive on July 16th 1906 and that death occurred, on the date stated above, at 4.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 16th 1906

Place of Burial Evangelical Luth. Cem.

Date July 17th 1906

Undertaker H. Lander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B 9/810

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. 134 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kristine Stakel

{ Residence, if in Baltimore, Give Street and Number. } (Schumacher & Co.) City Hospital

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co

(Address) S. Gay St

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 15 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypremesis Gravidarum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospitals

Date July 16 1906

Place of Burial 1st Evangelical Lees

Date July 18 1906

Undertaker H Sander Sons

Address 1710 Bank Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 91811

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 838 Blucher Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Grove

{ Residence, if in Baltimore, Give Street and Number. } 838 Blucher Ave.

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 20th 1830

AGE 76 years, 3 months, 24 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Northumberland Co. Va

FULL NAME OF FATHER — Taskins

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Little.

(Address) 734 Cumberland St.

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from 8 A.M. July 14 1906 to 2 P.M. July 14 1906 that I last saw her alive on July 14th 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage

(DURATION) 6 hours ~~DAYS~~

Contributory (Primary) Arterio-sclerosis

(DURATION) 1 year ~~DAYS~~

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date July 14th 1906

Place of Burial Balto Cemetery

Date July 16 1906

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 91812 Registered No. B ...

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bessie Hanson

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St.,

Duration of Residence in Baltimore. 12 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 29-1906

AGE: ~~years~~ ~~months~~ 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 7/16 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from 6-29 1906 to 7-13th 1906 that I last saw him alive on 7-13th 1906, and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

(DURATION) ? DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) ... DAYS

(Signed) W. Ellicott Tyson M.D.

Address 622 W. Lombard St.

Date July 15th 1906

Place of Burial COLLEGE OF P. & S. JUL 16 1906

Date ... 190...

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

197

CERTIFICATE OF DEATH.

(Place of Death.) No. 39 N. West 91813 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Maggie Lentz (mother) Premature infant

{ Residence, if in Baltimore, Give Street and Number. } 39 N. West

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/16 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from Asleep 190 to Asleep 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (6½ mos. conception). Lived one day.

(DURATION) DAYS

Contributory (Primary.) Premature

(DURATION) DAYS

(Signed) J. D. Lehtenstein M.D.

Address 211 N. Lanvale

Date July 14th 1906

Place of Burial COLLEGE OF P. & S.

Date JUL 16 1906 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

197

Registered No. D .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home 918 14 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Green

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. L.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: April 25 1906

AGE: — years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1906

I HEREBY CERTIFY, That I attended deceased from May 30 1906 to July 12 1906

that I last saw h[illegible] alive on July 11 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date 190

Place of Burial COLLEGE OF P. & S.

Date July 14 1906

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 91815

Registered No. B.....

City of Baltimore, (No. Nursery & Child's Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alva Seville

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: Oct (Month) 22 (Day) 1905 (Year)	
AGE: ..... years, 8 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3 1905 to July 14 1906

that I last saw h.. alive on July 13 1906.

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Gastro-enteritis

(DURATION) 1 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Burbridge M. D.

1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 6-mo Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: July 14 1906

UNDERTAKER: [illegible] PERMIT CLERK]

ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

164

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Thorn 91816

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~About~~ 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): ~~Labourer~~

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Thorn

(Address) Spanish Point

Filed 7/16 1906

HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 11 1906 that I last saw h in alive on July 11 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Delirium tremens (Traumatic)

(DURATION) DAYS

Contributory (Primary.) Fracture of surgical neck of ~~femur~~ humerus (DURATION) DAYS

(Signed) H. C. Davis M.D.

Address St Joseph's Hospital

Date July 11 1906

JOHNS HOPKINS HOSPITAL

Place of Burial

Date July 13 1906

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. D 91817

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Ward.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum (Ex 235 N Hoffman St)

Duration of Residence in Baltimore. 3 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~White~~ Black

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing Ce

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Katie Ward

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lester Hollyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/16 1906

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 15 1906

that I last saw him alive on July 15 1906

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) M. M. Ammerman M.D.

Address Bay View Asylum

Date July 15 1906

Place of Burial Mt. Olivet Cem.

Date July 16" 1906

Undertaker Wm J. Johnson

Address 1400 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie R. King 91818

{Residence, if in Baltimore, Give Street and Number.} 1419 N Chester

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: Nov 4th 1905	
AGE: 8 years, 8 months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fannie R. King

(Address) 1419 N Chester

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to July 15 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Summer diarrhoea

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 W. Preston

Date July 16 1906

Place of Burial Holy Cross Cty.

Date ~~July~~ July 17th 1906

Undertaker Liston P. Funkenbaugh

Address 510 N Gay St.

WM. J. C. DULANY CO., BALTIMORE.

5, Preston near Charles st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91819

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91819

City of Baltimore, (No. 508 St Marys St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Webster

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Colored

DATE OF BIRTH ~~about 53~~ 1 (Month) (Day) Year)

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Joseph Hall

BIRTHPLACE OF FATHER (State or country) Do Know

MAIDEN NAME OF MOTHER , , , ,

BIRTHPLACE OF MOTHER (State or country) , , , ,

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Webster

(Address)

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11th 190 to July 14th 1906 that I last saw h ee alive on July 13th 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Apoplexy with paralysis of left side with Cancer from Which She died (DURATION) 3 DAYS

Contributory — (DURATION) DAYS

(Signed) John S Pennington M. D.

190 (Address) 1716 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL July 17 1906

UNDERTAKER Alex H Kennedy — ADDRESS 578 N Bridle 20

Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eva Wells 91820

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Co. Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Tyler

(Address) Md Penitentiary

Filed July 16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to July 16 1906

that I last saw h alive on July 15 1906

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

6 months (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Thurston Conkey M.D.

Address 180 St. Charles St

Date July 16 1906

Place of Burial Sacred Heart

Date July 17 1906

Undertaker Evans & Spence

Address 1000 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 91821 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 618 Washington St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Uladislaw Pawul

{ Residence, if in Baltimore, Give Street and Number. } 618 S Wash —

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md.

FULL NAME OF FATHER: Joseph Pawul.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Josephine Macin.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Pawul.

(Address) 618 E. Washington St

Filed 7/16 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 15 1906 that I last saw h— alive on July 14 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Etant

(DURATION) DAYS

(Signed) Joseph C Brach M.D.

Address 1713 Bank St

Date July 16 1906

Place of Burial Holy Rosary

Date Tuesday July 17" 1906

Undertaker W F Doudrowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D [illegible]

CERTIFICATE OF DEATH.

74

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anne Paar 91822

{Residence, if in Baltimore, Give Street and Number.} #1916 Montrose St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23 1860

AGE 46 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Martin Dirr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant George Paar

(Address) 1916 Montrose St.

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from June 11 1906 to July 14 1906 that I last saw her alive on July 14 1906; and that death occurred, on the date stated above, at 8.21 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'tributory (Primary.) Mitral Insufficiency with Passive Congestion (DURATION) 33 DAYS

(Signed) Addison M Shipley M.D.

Address University Hospital

Date 7/17 1906

Place of Burial Mt Carmel Cem.

Date July - 16 - 1906

Undertaker Crowley Bros 1500 N. Baltimore St

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jones 91623

{ Residence, if in Baltimore, Give Street and Number. } 904 Druid Hill Ave

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: Black
DATE OF BIRTH	1
AGE	7 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Hollyday

Filed 7/16 1906 Seal. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to July 14 1906 that I last saw him alive on July 14 1906, and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Wm Owens Co M.D.

Address Bay View Asylum

Date July 14 1906

Place of Burial Laurel

Date July 16th 1906

Undertaker R. F. Elliott

Address 136 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91824

(Place of Death.) No. 1903 W. Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Collins 148

{ Residence, if in Baltimore, Give Street and Number. } 1903 W. Pratt

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 20 1906

AGE ..... years, 1 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm. Collins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosa Hiller

BIRTHPLACE OF MOTHER (State or country) Solomon's Island Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Imhoff

(Address) 1903 W Pratt St

Filed 7/16 1906

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to July 15th 1906 that I last saw him alive on July 15th 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St

Date July 15th 1906

Place of Burial Western

Date July 16 1906

Undertaker Jos. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R Cramblitt 91825

{Residence, if in Baltimore, Give Street and Number.} 324 S Stricker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 13 1839

AGE 67 years, 3 months, 2 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Bernaja J Sprucebank

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Anna Deal

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin J Shreeve

(Address) 324 S. Stricker St

Filed 7/16 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15" 1906

I HEREBY CERTIFY, That I attended deceased from May 24" 1906 to July 15" 1906

that I last saw h e alive on July 15" 1906,

and that death occurred, on the date stated above, at 1105 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Brights

disease (DURATION) 51 DAYS

(Signed) W Blaney M.D.

Address 1103 E. Gilmor St

Date July 15" 1906

Place of Burial Mt Olivet

Date July 18 1906

Undertaker Jos. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91826

City of Baltimore, (No. 324, N. Mount St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara A. McCurley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 3 (Day) 1846 (Year)

AGE: 60 years, — months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Bell

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Clara Clark

BIRTHPLACE OF MOTHER (State or country): N. J.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Belle McCurley

(Address) 324 N. Mount St.

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6, 1904 to July 14, 1906 that I last saw h s x alive on July 13, 1906, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Multiple Sclerosis

3 x 4 years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John Hood, M. D.

July 15 1906 (Address) 608 N. Gilmor st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: July 17 1906

UNDERTAKER: Jos B Cook | ADDRESS: 1003 Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ellen Jones 9182

{ Residence, if in Baltimore, Give Street and Number. } 1708 Ramsay st

Duration of Residence in Baltimore. Hosp's.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 13th 1834

AGE: 72 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Frederick Co. Md

FULL NAME OF FATHER: Geo. W. Metcalf

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah E. Fogel

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Downs

(Address) 1708 Ramsay st.

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from April 15th 1903 to July 14th 1906 that I last saw her alive on July 14th 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Senile Debility

(DURATION) DAYS

(Signed) E. A. Knorr M.D.

Address 1727 W. Lombard st

Date July 14th 1906

Place of Burial Rockland Howard Co Md

Date July 17 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard Buchanstein 9182 8

{ Residence, if in Baltimore, Give Street and Number. } Inn Resident Havre de Grace, Md

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: —— 1.....

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Robt Kuan

BIRTHPLACE OF FATHER (State or country): " " —

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " —

OCCUPATION OF DECEASED: Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. T. Pennington

(Address) Havre de Grace, Md

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 16 1906

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 6.42 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) — DAYS

Contributory (Primary) accidental

(DURATION) DAYS

(Signed) Benj. S. Hopkins M.D.

Address 98 N Union St, Havre de Grace

Date July 16 1906

Place of Burial Havre de Grace Md

Date July 16" 1906

Undertaker J. Threne and Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DE...

(Place of Death.) No. 220 W. Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 91829

Full Name Joseph B. Rice

{Residence, if in Baltimore, Give Street and Number.} 2103 Orleans St

Duration of Residence in Baltimore. Part of his life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Male	DATE OF DEATH	July 14th 1906
COLOR	White		
DATE OF BIRTH	1	I HEREBY CERTIFY, That I attended deceased from	Old Town 190 to 190
AGE	43 years, months, days	that I last saw h alive on	190
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married	and that death occurred, on the date stated above, at	4.50 P.M.
BIRTHPLACE (State or country)	Balto Md	CAUSE OF DEATH (Secondary or Immediate)	Apoplexy, fell dead in store at home.
FULL NAME OF FATHER	Jacob Rice		(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country)	Germany	Contributory (Primary.)	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Fannie Kahler	(Signed)	J. D. Lehtaka M.D.
BIRTHPLACE OF MOTHER (State or country)	Germany	Address	211 W. Lanvale Town
OCCUPATION OF DECEASED	Clerk	Date	July 14th 1906
		Place of Burial	Balto Hebrew Cem
		Date	July 17 1906
		Undertaker	Harry Goodheim
		Address	923 Madison Ave

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Rice

(Address) 2103 Orleans St

Filed 7/16 1906

HENRY G. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Graydon 91830

{ Residence, if in Baltimore, Give Street and Number. } 1012 E Monument St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 15 1834

AGE: 72 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Graydon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Mc Donnel

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mollie Graydon

(Address) 1012 E. Monument St

Filed 7/16 1906

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 1905 to July 15th 1906 that I last saw h in alive on July 9th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Senile Senescence (DURATION) about 1 year DAYS

(Signed) H. C. Reynolds M.D.

Address 809 N. Eutaw

Date July 16th 1906

Place of Burial Loudon Park Cemetery

Date July 17th 1906

Undertaker Evans & Spence

Address 1000 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fry O'Neil

{ Residence, if in Baltimore, Give Street and Number. } 519 Forrest. 91831

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs P Freese

(Address) 66 S No Mulberry St

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body

(Accidental

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Leo R Camalier M.D.

Address Coroner

Date July 15 1906

Place of Burial St Peters Cemetery

Date July 17 1906

Undertaker W M Robertson

Address 230 N Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91832

(Place of Death.) No. 924 Leadenhall Street (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eileen Wilson

{Residence, if in Baltimore, Give Street and Number.} 924 Leadenhall Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem'l | COLOR: Col'd

DATE OF BIRTH: April 14th 1906

AGE: ..... years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Wilson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mahala Peters

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wilson

(Address) 924 Leadenhall

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 15 1906 that I last saw h[illegible] alive on July 15 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

2 weeks (DURATION) DAYS

Contributory (Primary.) Diarrhoea

2 weeks (DURATION) DAYS

(Signed) W. Lewis M.D.

Address 714 S. Stricker St

Date July 16th 1906

Place of Burial Laurel Cem

Date July 17th 1906

Undertaker Saml H. O'Fraser

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91833

(Place of Death.) No. 1806 N Fulton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Cornell

{ Residence, if in Baltimore, Give Street and Number. } 1806 N Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH May 17th 1847

AGE 59 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Michael Cornell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Julia Barton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. H. Cornell

(Address) 1806 N Fulton Ave

Filed 7/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 14 1906 that I last saw h im alive on July 14 1906, and that death occurred, on the date stated above, at 1.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Angina Pectoris

(DURATION) 3 DAYS

(Signed) August Horn M.D.

Address 732 W Mulberry St

Date July 16th 1906

Place of Burial London Park

Date July 16th 1906

Undertaker H. Fisher & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BAL[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91834

City of Baltimore, (No. 1907, Oakhill Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Conrad Riedel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 18 (Day) 1828. Year)

AGE: 77 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samil J Newton

(Address) 1907 Oakhill ave

Filed 7/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1905 to July 14 1906

that I last saw h[illegible] in alive on July 14 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Arterio-sclerosis

Probably a year or more (DURATION) DAYS

Contributory old age

(DURATION) DAYS

(Signed) J. F. Schmucker M. D.

July 15 1906 (Address) 2226 Madison ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 17, 1906
UNDERTAKER	ADDRESS
Jacob Ahrens and Co.	754 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J. Crosby. 91835

{ Residence, if in Baltimore, Give Street and Number. } Savannah Georgia

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ga

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Attorney

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Geo. McCleary,

(Address) Johns Hopkins Hospital.

Filed July 17th 1906

P. C. ANDREWS, PERMIT CLERK.

Registrar

C.H.C.P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 13 1906 that I last saw h alive on July 13 1906, and that death occurred, on the date stated above, at 9 45 P. M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Carcinoma ?

Oesophagus (DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date July 14 1906

Place of Burial Washington D C

Date JUL 17 1906 190

Undertaker Wm. C. Sly,

Address 901 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia M Hare 9 1836

{ Residence, if in Baltimore, Give Street and Number. } Valley Head W Va

Duration of Residence in Baltimore. 2,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1862

AGE 44 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) W Va

FULL NAME OF FATHER Charles McDowell

BIRTHPLACE OF FATHER (State or country) W Va

MAIDEN NAME OF MOTHER Margaret Gwinn

BIRTHPLACE OF MOTHER (State or country) W Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W Hare

(Address) Valley Head W Va.

Filed July 17 1906

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 16 1906 that I last saw him alive on July 16 1906, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mediastinal Tumor

(DURATION) DAYS

Contributory (Primary.) Ortho

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 16 1906

Place of Burial Rares Ridge W Va

Date JUL 16 1906 1906

Undertaker Otto C Gray

Address 231 E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy G. Butterworth

{ Residence, if in Baltimore, Give Street and Number. } 632 Dover st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	white
DATE OF BIRTH	Jany 10 1906
AGE	0 years, 6 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Benjamin Butterworth
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sadie D. Dorsey
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Butterworth

(Address) 632 Dover st

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 16 1906

that I last saw h- alive on July 16 1906

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 16 DAYS

Con'ributory (Primary) Marasmus

(DURATION) 3 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date July 16 1906

Place of Burial Western Cemetery

Date July 17. 1906

Undertaker Jos. Sounders, Son

Address 217 S. Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH. 91838

(Place of Death.) No. 430 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Elenor Kemper

{Residence, if in Baltimore, Give Street and Number.} 430 E Fort ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH June 29 1906

AGE ..... years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Chas F Kemper

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Mary V Kemper

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mother

(Address) 430 E Fort Av

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 15 1906

that I last saw h-m alive on July 15 1906,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Symington M.D.

Address 920 E Fort Ave

Date July 16 1906

Place of Burial Mount Olivet Cemetery

Date July 17 1905

Undertaker Earl & Margaret D. Filgus

Address 42 S West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91839

City of Baltimore, (No. 644 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Louise Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Color

DATE OF BIRTH July 16 1905
(Month) (Day) (Year)

AGE 1 year ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lochon Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Price

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lizzie Price

(Address) 644 N. Bruce St

Filed 7/17 1906

HARRY C. ANDREWS, CHIEF CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ ~~my office~~ 190 ~~to~~ July 9 - 1906 that I last saw h~~e~~r alive on July 9 1906, and that death occurred, on the date stated above, at 2.30 a. m. The CAUSE OF DEATH was as follows:

Idio Cystitis

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) M. B. Hood M. D.

July 16 1906 (Address) 608 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel

DATE OF BURIAL 7/17 1906

UNDERTAKER Rebecca Freland & Brother

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91840

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91840

City of Baltimore, (No. 2516, Rayner Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Melvin Snowden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Ed

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 2 months, + a few days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George W. Snowden

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Jane Fisher.

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane F. Fisher

(Address) (Mother) 2516 Rayner

Filed 7/17 1906

HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased [redacted] on July 8 1906 to July 16 1906 and that I last saw h[redacted] alive on July 16 1906, and that death occurred, on the date stated above, at 9.46 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Congestion. Mal. F. B.

perhaps 24 hours (DURATION) 1 DAYS

Contributory Whooping Cough

(DURATION) 7 DAYS

(Signed) C. D. Parker M. D.

7/16 1906 (Address) 3111 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: ~~Baltimore~~ ~~Catonsville~~ ~~Loudon~~ Woodlawn

DATE OF BURIAL: July 17 1906

UNDERTAKER: ~~Catonsville~~ ~~Loudon~~ Woodlawn

ADDRESS: Wm J. Johnson 1418 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

91841 Registered No. B 91841

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1332 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin F Ebbert

{ Residence, if in Baltimore, Give Street and Number. } 1332 N Monroe St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	— 1855
AGE	50 years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Samuel Ebberts
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Sarah High
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	Pipe Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina B Ebberts

(Address) 1332 N. Monroe St

Filed 7/17 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 15 1906 that I last saw h alive on July 15 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease of the Kidneys.

6 mos (DURATION) DAYS

Contributory (Primary.) Bright's disease of Kidneys (DURATION) DAYS

(Signed) James Bosley M.D.

Address 6701 Wellington Ave

Date July 17 1906

Place of Burial London Park

Date July 17th 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91842

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91842

City of Baltimore, (No. 909, S. Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Neal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug (Month) 6 (Day) 1905 (Year)

AGE: ..... years, 11 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): York Pa.

FULL NAME OF FATHER: Maurice Neal

BIRTHPLACE OF FATHER (State or country): York Pa.

MAIDEN NAME OF MOTHER: Sadie Baer

BIRTHPLACE OF MOTHER (State or country): Mt. Wolf Pa.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice Neal

(Address) 909 S Paca st

Filed 7/17 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 15 1906 that I last saw him alive on July 15 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 3 DAYS

Contributory collapse 3 or 4 hours

(DURATION) DAYS

(Signed) W E Knight M.D.

July 16 1906 (Address) 1002 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 17 1906
UNDERTAKER	ADDRESS
James Dignan & Son	757½ Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91843 Registered No. B 91843

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 525 Orchard St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Lawrence E. Brown

{Residence, if in Baltimore, Give Street and Number.} 525 Orchard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: — years, 1 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Ralph Brown	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Louisa Sheridan	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Mould	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Brown

(Address) 525 Orchard St

Filed 7/17 1906

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 16 1906 that I last saw h[illegible] alive on July 15 1906 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Obstruction

(DURATION) 2 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 4 DAYS

(Signed) John E Hack M.D.

Address 647 W Lexington

Date July 16 1906

Place of Burial Mt Auburn

Date July 17 1906

Undertaker J H Estlack

Address 526 Wagon Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

91844

Registered No. B 91844

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 916 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Watkins

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Watkins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Robinson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Robinson

(Address) 916 Harmony Court

Filed 7/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1906

I HEREBY CERTIFY, That I attended deceased from July 10th to July 14th 1906

that I last saw h alive on July 10th 1906

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Heart Disease

Bronchitis Terminal Nature

Duration Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Fehrer M.D.

Address 24 W. Lanvale

Date July 14th 1906

Place of Burial Mt Auburn

Date July 17. 1906

Undertaker E. J. Whitehurst

Address 506 Rogers.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 91845 Registered No. B 91845

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 530 E. Ally St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Herbert

{Residence, if in Baltimore, Give Street and Number.} aborn

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 31 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Herbert

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Spence

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Maberry

(Address) 530 E Ally

Filed 7/17 1906

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from as above to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease.

(DURATION) —— DAYS

Contributory (Primary) ——

(DURATION) —— DAYS

(Signed) J. D. Feltcraft M.D.

Address 211 W. Lanvale

Date July 15th 1906

Place of Burial St. Peters

Date July 17 1906

Undertaker J. T. Feltcraft

Address 506 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

91846

Registered No. B 91846

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 W. 23rd Street ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Russell

{Residence, if in Baltimore, Give Street and Number.} 409 W. 23rd Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 16 1906

AGE: — years, 4 months, — days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: David J. Russell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Margaret Reynolds

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David J. Russell

(Address) 409 W. 23d St

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 16 1906 that I last saw h~~im~~ alive on July 16 1906, and that death occurred, on the date stated above, at 9.40 ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate)

I maintain

indefinite (DURATION) ~~DAYS~~

Contributory (Primary.) Intestinal

indigestion (DURATION) 1 wk ~~DAYS~~

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St.

Date July 16 1906

Place of Burial St Vincents

Date July 17 1906

Undertaker H. C. Wadefield

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91847 Registered No. B 91847

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 Mc Eldery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Cassem

{Residence, if in Baltimore, Give Street and Number.} 2202 Mc Eldery

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16th 1906

AGE: ..... years, ... months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Charles Cassem

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Puffel

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Cassem

(Address) 2202 Mc Eldery

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 16 1908 that I last saw him alive on July 15 1906, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) Convulsion

..... (DURATION) ..... DAYS

(Signed) Alex S Sagl M.D.

Address 727 N Bdway

Date 7/17/06 1906

Place of Burial St Alphonsus Cemetery

Date July 17th 1906 1906

Undertaker J. C. Schulz Son

Address 1731 Alice-anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11

91848

Registered No. B 91848

159

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear of 824 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred G. Hudson

{Residence, if in Baltimore, Give Street and Number.} 513 N. Paca st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Jan. 16th 1880

AGE 26 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo. W. Hudson

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Minnie Kessler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Canvaser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie Hudson

(Address) 513 N. Paca st

Filed 7/17 1906 MARY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190....,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Pistol shot

died instantly (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Boardman M.D.

Address 700 Lafayette Ave

Date July 15th 1906

Place of Burial Loudon Park

Date July 17 1906

Undertaker Wm Cook

Address 520 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91849 Registered No. B 91849

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Fauchtenbiner

{ Residence, if in Baltimore, Give Street and Number. } 1638 Abbott St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kustey.

(Address) 1638 Abbott St

Filed 7/17 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 16 1906 that I last saw h[illegible] alive on July 16 1906, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

..... (DURATION) ..... DAYS

Contributory (Primary) Chronic Nephritis

..... (DURATION) ..... DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hosp

Date July 16 1906

Place of Burial Trinity Cem.

Date July 18 1906

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 91850 — Registered No. B 91850

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1000 James Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1000 James Alley

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: White

DATE OF BIRTH: Not known — 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Kaiser

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Hoffman

(Address) 901 Bevan St.

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 15 1906

that I last saw her alive on July 15 1906

and that death occurred, on the date stated above, at 10:18 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

Acute Nephritis (DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) — DAYS

(Signed) Robt. L. Schmidt M.D.

Address 1318 St. Charles St.

Date July 16 1906

Place of Burial Baltimore Cem.

Date July 18 1906

Undertaker Owen Cook

Address 50 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91851

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 91851

City of Baltimore, (No. 930 N. Chester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Schloer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 88 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Bavaria.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Bavaria

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Bavaria.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Schloer

(Address) 930 N. Chester

Filed 7/17 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to July 16 1906 that I last saw him alive on July 16 1906, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Old age — Natural Causes

(DURATION) — DAYS

Contributory A Slight Dropsical condition that had practically ceased (DURATION) 10 DAYS

(Signed) J. B. Schwatka M. D.

July 16 1906 (Address) 1003 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: St Alphonsus — DATE OF BURIAL: July 18 1906

UNDERTAKER: Wm Cook — ADDRESS: 582 6 North Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

91852 Registered No. B 91852

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 N. Collington ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary Hoffman

{Residence, if in Baltimore, Give Street and Number.} 107 N. Collington ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: July 16th 1906

AGE: — years, — months, 2 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Howard Hoffman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Lottie Hyman

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Hoffman

(Address) 107 N. Collington ave

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 1906

I HEREBY CERTIFY, That I attended deceased from on July 16 1906 to July 17 1906 that I last saw h[er] alive on July 17 1906, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

Debility (DURATION) 2 hrs DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date July 17th 1906

Place of Burial London Park

Date July 17 1906

Undertaker E. J. Friedefeld

Address 2113 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the cause and date of death. When the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91853

City of Baltimore, (No. Nursery & Woods Ave St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Hennesey

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	7 (Month) 16 (Day) 1906 (Year)
AGE	1 years, — months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	Sarah Hennesey
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Stone.

(Address) City Hospital

Filed 7/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 7 (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1906 to July 16 1906 that I last saw him alive on Jan 16 1906, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Marasmus +
Exhaustion

(DURATION) Life DAYS

Contributory Exhaustion

(DURATION) ? DAYS

(Signed) John Ruhrah M. D.

July 16 1906 (Address) 839 N Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Unknown — How long at Place of Death? 6 mo Days

Where was disease contracted, if not at place of death? Unknown

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	July 17 1906
UNDERTAKER	ADDRESS
C. W. Blizzard & Co	1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the duty of the Physician who attended during his or her last sickness, or notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91854

City of Baltimore, (No. 1332, Etting St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH Novem 10 (Month) (Day) 1904 (Year)

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edmond Nelson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Florence Coates

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1332 Etting St

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 15 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 16 DAYS

Contributory Rickets (DURATION) all of life DAYS

(Signed) D Grantham M. D.

July 16 1906 (Address) 534 N. Paca

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Burg Cemetery	July 17 1906
UNDERTAKER	ADDRESS
E Bryon	2256 n Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 91855 — Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. #241 Harrison St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Caroline Algeir

{Residence, if in Baltimore, Give Street and Number.} #241 Harrison St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 12th. 1836
AGE	69 years 9 months 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Algeir

(Address) 241 Harrison St.

Filed 7/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 14 1906 that I last saw h[illegible] alive on July 14 1906, and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation.
Nephritis.

(DURATION) DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) DAYS

(Signed) Alfred Ullman M.D.

Address 526 S. Broadway

Date July 15. 1906

Place of Burial Louden Park Cemetery

Date 7/17/06 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered ... B 91856

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

No-91856
(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman S. Platt Jr.

{Residence, if in Baltimore, Give Street and Number.} 2520 Madison Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White

DATE OF BIRTH: Oct. 18 1877

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. - Md.

FULL NAME OF FATHER: Herman S. Platt.

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Emilie

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Linen Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B Platt

(Address) 2520 Madison Av.

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 16 1906 that I last saw him alive on July 16 1906 and that death occurred, on the date stated above, at 8:30 a. m. CAUSE OF DEATH (Secondary or Immediate

Sarcoma of Lung.

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospitals

Date July 16th 1906

Place of Burial Greenmount

Date Wed July 18th 1906

Undertaker H. E. Jenkins & Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be lawful of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1

91857

Registered No. B 91857

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name D. Keyser Smith

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. L.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	Mul.
DATE OF BIRTH	July 3 1906
AGE	— years, 0 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2006 Madison Ave

Filed 7/17 1906 [HARRY C. ANDREWS] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 15 1906 that I last saw h[illegible] alive on July 15 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 2006 Madison Ave

Date 190

Place of Burial

Date JUL 17 1906 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate declaring forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

199

Ward 12th 91858 Registered No. B 91858

CERTIFICATE OF DEATH.

116.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Barnes

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 37

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/17 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 14 1906 that I last saw her alive on July 14 1906, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis General and simlity

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) M. M. Burns M.D.

Address Bay View Asylum

Date July 14 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 16 1906 190

Undertaker William H Woodson

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1906

Ward Hosp. 91859 Registered No. B 91859

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Stroddon

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/17 190 6 HARRY O. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 14 1906 that I last saw h alive on July 14 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis, Cardiac Dilitation

(DURATION) DAYS

Contributory (Primary) Oedema of lungs, Asphyxiation (DURATION) DAYS

(Signed) N. M. Andrews M.D.

Address Bay View Asylum

Date July 14 190 6

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 16 1906 190

Undertaker William H Woodcock

Address 184 aiken st

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

198

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 91860 Registered No. B 91860

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Mary Ware

{ Residence, if in Baltimore, Give Street and Number. } 1007 Greenmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX F COLOR W	DATE OF DEATH July 15 1906
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE ..... years, 2 months, ... days	that I last saw h ..... alive on ..... 190 .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 11 45 a. m. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	Marasmus
FULL NAME OF FATHER	(DURATION) ..... DAYS
BIRTHPLACE OF FATHER (State or country)	Contributory (Primary.) .....
MAIDEN NAME OF MOTHER	(DURATION) ..... DAYS
BIRTHPLACE OF MOTHER (State or country)	(Signed) Joseph Carmine M.D.
OCCUPATION OF DECEASED	Address Coroners M. D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date July 16 - 06 190
(Informant)	Place of Burial .....
(Address)	Date JUL 17 1906 190
Filed 7/17 190 6 HARRY J. O'ANDREWS, PERMIT CLERK. Registrar	Undertaker .....
	Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1906

Ward 11 91861 Registered No. B 91861

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 909 Cedar Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Morris

{Residence, if in Baltimore, Give Street and Number.} 909 Cedar Alley.

Duration of Residence in Baltimore. 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR cd

DATE OF BIRTH Dont Know

AGE 44 years, ✓ months, ✓ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Somerset Co.

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Morris

(Address) 909 Cedar Alley.

Filed 7/17/06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 15 1906 that I last saw h~~er~~ alive on July 14 1906, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus & Vagina

Dont Know (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave.

Date July 16th, 1906

Place of Burial Laurel Cemetery

Date July 18 1906

Undertaker John A. Burkes

Address 907 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

91862

Registered No. B 91862

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 E. High St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lafferty

{Residence, if in Baltimore, Give Street and Number.} 300 E. High St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Scott Ryan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Scott Ryan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dempsey

(Address) 406 York Road

Filed 7/17 1906

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17, 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 1 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Cranial Abscess

..... (DURATION) ..... DAYS

Contributory (Primary.) Septicaemia

..... (DURATION) ..... DAYS

(Signed) Benj. L. Hayden M.D.

Address 138 E. Preston

Date July 17, 1906

Place of Burial St Vincent Cemetery

Date 19 July 1906

Undertaker Edward A Byrne

Address 302 E. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91863 Registered No. B ..... 91863.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles. O'Donnan

{Residence, if in Baltimore, Give Street and Number.} 55-9 Pear Alley.

Duration of Residence in Baltimore. 48.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1858

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley

(Address) Md. General Hospital

Filed 7/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 16 1906 that I last saw him alive on July 16, 1906, and that death occurred, on the date stated above, at 9-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Brights Disease

? (DURATION) — DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date July 17, 1906

Place of Burial New Cathedral

Date July - 12th 1906

Undertaker Jno. M. Gaughan

Address 901 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

91864

Registered No. B 91864

105

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name David Elman

{Residence, if in Baltimore, Give Street and Number.} City Hospital (Immigrant Rehmacher Co.)

Duration of Residence in Baltimore. 1 wk

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Morris Helmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rifkie Burzinskie

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rifkie Burzinskie

(Address) City Hospital.

Filed 7/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to July 16th 1906 that I last saw him alive on July 16 1906 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Summer Diarrhoea

(DURATION) DAYS

Contributory (Primary.) Dranulon

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 17th 1906

Place of Burial Philips Rd Woodlawn

Date July 17, 1906

Undertaker May Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91865

61

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91865

City of Baltimore, (No. 1038 Stanley St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Bloom

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	February. (Month) 7 (Day) 1902 (Year)
AGE	..... years, 4 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Russia.
FULL NAME OF FATHER	Chas Bloom
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Lisa Zarlin.
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	N.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asper Blumenthal M.D.

(Address) 215 Madison Ave.

Filed 7/17 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 16 1906

that I last saw him alive on July 16 1906;

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Cerebro - Spinal Meningitis

(DURATION) 12 DAYS

Contributory Coma - Convulsions

Pneumonia (DURATION) 6 DAYS

(Signed) Asper Blumenthal M. D.

July 17 1906 (Address) 215 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Rosedale	July 17 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th

91866 Registered No. B 91866

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1432 Cookrie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick J. Kennelly

{ Residence, if in Baltimore, Give Street and Number. } 1432 Cookrie St

Duration of Residence in Baltimore. 3 mos 3 wks 2 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 22 1906.

AGE ..... years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas Kennelly

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Elizabeth Miller

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Kennelly

(Address) 1432 Cookrie St.

Filed 7/17 1906

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 15 1906.

that I last saw him alive on July 15 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

collapse

(DURATION) 2 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 10 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St.

Date July 16 1906.

Place of Burial Holy Redeemer

Date July 17 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Baltimore Sts.
1704-1706 Orleans Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91867. Registered No. B 91867.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Cookie St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph T. Kennelly

{Residence, if in Baltimore, Give Street and Number.} 1432 Cookie St

Duration of Residence in Baltimore. 3 mos. 23 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 22 1906
AGE	— years, 3 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Thomas Kennelly
BIRTHPLACE OF FATHER (State or couutry)	England
MAIDEN NAME OF MOTHER	Elizabeth Miller
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Kennelly

(Address) 1432 Cookie St.

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 15 1906 that I last saw him alive on July 15 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 10 DAYS

(Signed) S. Judson Miller M.D.

Address 2029 W. Baltimore St

Date July 16 1906.

Place of Burial Holy Redeemer Cem

Date July 17 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. Gay Street and Central Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 — 91868 — Registered No. B 91868

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 300, Price alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Leo Siejak

{ Residence, if in Baltimore, Give Street and Number. } 300, Price alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 11 1905

AGE 1 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Alexander Siejak

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosie Swapitky

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. Siejak

(Address) 300, Price Alley.

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 13th 1906 to July 14 1906 that I last saw him alive on July 14 1906, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 10 DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caroline St

Date July 15th 1906

Place of Burial Holy Rosary Cem.

Date July 17 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Baltic Sts. and 1709-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 — 91869 — Registered No. B 91869

CERTIFICATE OF DEATH.

79

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Jones

{Residence, if in Baltimore, Give Street and Number.} 930 Fremont st. (or av.)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Md.

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Dorsey

(Address) City Hospital.

Filed 7/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 16 1906 that I last saw her alive on July 16 1906 and that death occurred, on the date stated above, at 245 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary) Oedema of Lungs. (DURATION) DAYS

(Signed) Mrs A. Dorsey M.D.

Address City Hospital

Date July 16th 1906

Place of Burial Balto. Cem.

Date July 18th 1906

Undertaker Undertaker Slappey

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91870

City of Baltimore, (No. 576, Biddle Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geneva Kerr

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	January 7 1706 (Month) (Day) (Year)
AGE	..... years, 6 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	John Kerr
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olivia Kerr

(Address) 576 Biddle Alley

Filed 7/17 1906

HARRY D. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 17 1906 that I last saw her alive on July 16 1906, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Jno G. Shuttal M.D. M. D.

July 17 1906 (Address) 206 N. Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 18 1906
UNDERTAKER	**ADDRESS**
Fred B. Pyle	102 E. Dulany St

WM. J. C. DULANY CO., BALTIMORE.

91871

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91871

City of Baltimore, (No. 1918 N Monroe St.; 15th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christine Mueller.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 14 (Day) 1837 (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Meyer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Schultz

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Home-mkr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carry Schumacher

(Address) 1918 N Monroe

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1905 to July 15th 1906 that I last saw her alive on " " 1906, and that death occurred, on the date stated above, at 3.10 P.M. The CAUSE OF DEATH was as follows:

Hemorrhage Intestines due to Metastasis,

(DURATION) 6 DAYS

Contributory Uterine Carcinoma

(DURATION) ... DAYS

(Signed) A. F. Zimmerman M.D.

July 15th 1906 (Address) 1605 W. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: July 18 06

UNDERTAKER: Wm J Schaeffer — ADDRESS: 8 S Front St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 91872 Registered No. B 91872

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 N Carrollton ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosa Klare

{ Residence, if in Baltimore, Give Street and Number. } 329 N Carrollton ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 24 — 1878

AGE: 27 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila Pa

FULL NAME OF FATHER: Geo H Condon

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary E Rankin

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B Klare

(Address) 329 N Carrollton ave

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to July 15th 1906 that I last saw h[illegible] alive on July 15th 1906, and that death occurred, on the date stated above, at 7.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Synacope

one minute (DURATION) 1 DAYS

Contributory (Primary) Chronic Bright's Disease

about (DURATION) 240 DAYS

(Signed) [illegible] M.D.

Address 889 N Charles

Date July 17th 1906

Place of Burial New Cathedral

Date July 18 — 1906

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91873

City of Baltimore, (No. 1412 Chappell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna Bittasinsky

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1835 (Year)

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: John Roberts

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Treasa Roberts

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: House-Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bittasinsky

(Address) 1432 Chappell St.

Filed 7/17 1906 HARRY C. ANDREWS, FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 7 1906 to July 16 1906

that I last saw her alive on July 16 1906,

and that death occurred, on the date stated above, at 9 45 A.M. The CAUSE OF DEATH was as follows:

Hemorrhage from stomach

(DURATION) 7 weeks

Contributory Carcinoma

(DURATION) 2 DAYS

(Signed) W. J. Kaufman M. D.

July 16 1906 (Address) 1841 Pennsylvania Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery | DATE OF BURIAL: July 17 1906

UNDERTAKER: John E. Strugle | ADDRESS: 1432 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th

91874

Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 Carroll St (South West) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R Bell

{Residence, if in Baltimore. Give Street and Number.} ~~Same~~ 533 Carroll St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 8 1906

AGE: ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Bell

BIRTHPLACE OF FATHER (State or country): Prince Georgis Co

MAIDEN NAME OF MOTHER: Mary Lanhan

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bell

(Address) 533 Carroll St

Filed 7/17 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 8 1906 to July 17 1906

that I last saw him alive on July 17 1906

and that death occurred, on the date stated above, at 11.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia &
Inanition (DURATION) 1 Mo DAYS

Con'tributory (Primary.)
Premature Seven Month Baby (DURATION) DAYS

(Signed) H. W. Jones M.D.

Address Irvington

Date July 17 1906 Gollington Sta

Place of Burial White Marsch Cem: Md

Date July 18. th 1906

Undertaker E. W. Dill.

Address 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 91875 — Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 176 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Kaiser

{ Residence, if in Baltimore, Give Street and Number. } 176 Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 27 1903

AGE: 2 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Kaiser

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma Bradley

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kaiser

(Address) 176 W Cross St

Filed 7/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 17 1906 that I last saw h alive on July 17 1906. and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diptheria

Broncho-Pneumonea

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) F.C. Ferguson M.D.

Address 1006 S. Sharp St

Date July 17 1906

Place of Burial Cedar Hill

Date July 18 to (10 AM) 1906

Undertaker E. Schluman Son

Address 1039 Hanover St

10 A. M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 James 91876 Registered No. 1 91876

CERTIFICATE OF DEATH.

79

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Smith

{Residence, if in Baltimore, Give Street and Number.} 418 Front St.

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1849

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Scotland —

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Smith

(Address) 2421 N. 17th St. Phila

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 16 1906 that I last saw her alive on July 16 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilitation of Heart & Mitral Insufficiency (DURATION) — DAYS

Contributory (Primary.) Unknown (DURATION) — DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hospital

Date July 16, 1906

Place of Burial Loudon Park

Date July 18 1906

Undertaker Wm Cook

Address 502 E Fleet Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91877

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 91877

City of Baltimore, (No. 2029 Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 12 1901 (5 Month, 5 Day, Year)

AGE: ..... years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William J. Young

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lottie Gardner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. P. Paulus

(Address) 210 Frederick Pulaski St.

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 7 1906

that I last saw him alive on July 16 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 3 DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) Henry C. Chilcoat Jarrett Hospital M. D.

July 7 1906 (Address) 1203 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: July 18 1906

UNDERTAKER: Mrs Geo. P. Paulus

ADDRESS: 210 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 91878 — Registered No. B 91878

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 E North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Haviland

{ Residence, if in Baltimore, Give Street and Number. } 806 E North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH August 18 1872

AGE 33 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co,

FULL NAME OF FATHER Edgar P. Haviland

BIRTHPLACE OF FATHER (State or country) Mass York

MAIDEN NAME OF MOTHER Margaret Belk

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Haviland

(Address) 806 E North ave

Filed 7/18 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate

Asphyxia - During epileptic fit.

(Duration) Acc DAYS

Contributory (Primary.)

(Duration) DAYS

(Signed) Jos R Quinn M.D.

Address Coroners Med

Date July 16-06 190...

Place of Burial Green mt Cemetery

Date July 18 1906

Undertaker Evans & Spence

Address 1000 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 91879

91879

CERTIFICATE OF DEATH.

(Place of Death.) No. 1206½ McCulloh St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Edward Garrett Jr.

{ Residence, if in Baltimore, Give Street and Number. } 1206½ McCulloh St.

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 15 1833

AGE: 72 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): King & Queen Co. Va

FULL NAME OF FATHER: Edward Garrett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Wake

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Traveling Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Edward Garrett

(Address) 1206½ McCulloh St or Catonsville, Md

Filed 7/18 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1905 to July 17 1906

that I last saw him alive on July 13 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

9 months (DURATION) — DAYS

Contributory (Primary.) Inanition

3 month (DURATION) — DAYS

(Signed) R. Edward Garrett M.D.

Address Catonsville, Md

Date July 17th 1906

Place of Burial Druid Ridge

Date July 19th 1906

Undertaker Geo. J. Smith & Co

Address 1005 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91880 Registered No. B 91880

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1106 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Battler

{ Residence, if in Baltimore, Give Street and Number. } 1106 E. Lombard St

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Isaac Feinberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Edalberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Feinberg.

(Address) 1106 E Lombard st

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to July 17 1906 that I last saw h[er] alive on July 17 1906, and that death occurred, on the date stated above, at 3 p M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Congestion

Oedema

7 (DURATION) DAYS

Contributory (Primary.) Aortic insufficiency (DURATION) 1½ DAYS

(Signed) Chas F Block M.D.

Address 1523 E Balt

Date July 17 1906

Place of Burial Hebrew Cem Washington Blvd

Date July 18 1906

Undertaker Max Levinson

Address 1136 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 91881 — Registered No. B 91881

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1626 Orleans St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Reed

{Residence, if in Baltimore, Give Street and Number.} 1626 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm J Anderson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Isabella Pharaoh

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Reed

(Address) 1626 Orleans St

Filed 7/18 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1905 to July 17 — 1906

that I last saw her alive on July 17 — 1906, and that death occurred, on the date stated above, at 9 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pul Hemorrhage

(DURATION) 5 — DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) about 7 mo. — DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave

Date July 17 — 1906

Place of Burial Laurel

Date July 20. 1906

Undertaker R F Elliott

Address 306 Regan Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B 91882

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 7 N. Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Rausch

{ Residence, if in Baltimore, Give Street and Number. } 7 N. Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 30 1903

AGE: 3 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Rausch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria M. Etzel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rausch

(Address) 7 N. Rose St.

Filed 7/18 1906 HARRY C. ANDREWS, PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 17 1906 that I last saw her alive on July 17 1906, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions (DURATION) 1 DAYS

Contributory (Primary.) Scarlatina (DURATION) 1 DAYS

(Signed) Perrie G. Daniel, M.D.

Address 121 Jackson Square

Date July 18 1906

Place of Burial Holy Redeemer Cem.

Date July 18th 1906

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH. 91883

(Place of Death.) No. 125 Rev Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Connor

{Residence, if in Baltimore, Give Street and Number.} 603 Truxton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Connor

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Bertha Lanahan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 603 Truxton Ave

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 17th 1906 that I last saw h[illegible] alive on July 17 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary) Dyspepsia diarrhea

(DURATION) 16 DAYS

(Signed) [illegible] M.D.

Address 827 Caroline St.

Date July 17th 1906

Place of Burial Texas Baltimore Md

Date July 18 1906

Undertaker H. C. Windefeld

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 91884 — Registered No. B 91884

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 627. Cator ave St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number.)

Full Name Robert. M Chambers

{Residence, if in Baltimore, Give Street and Number.} 627. Cator ave

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 23d 1833
AGE	73 years, — months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Thos Chambers
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos L. Chambers

(Address) 627. Cator ave

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 16 1906 that I last saw him alive on July 16 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 10 DAYS

Contributory (Primary.) —

(DURATION) 10 DAYS

(Signed) Chas R Gaudine M.D.

Address 601 Cator Ave

Date July 17th 1906

Place of Burial Lorraine Cem

Date July 19th 1906

Undertaker G.F. Walker

Address 723. N Kaf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91885 Registered No. B 91885

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1210 Huyett ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Starr

{ Residence, if in Baltimore, Give Street and Number. } 1210 Huyett av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 25th 1850

AGE: 55 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ora V. Starr

(Address) 1210 Huyett av

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lafayette Av. Corner,

Date July 19th 1906

Place of Burial Loudon Park

Date July 20th 1906

Undertaker G.F. Walker

Address 723 W. Fay. ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

91886

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1327 Wirt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Gillen

{ Residence, if in Baltimore, Give Street and Number. } 1327 Wirt St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15th 1841

AGE 65 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James McGargle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1327 Wirt St

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 8 1906 that I last saw her alive on July 8 1906 and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

1 (DURATION) ..... DAYS

(Signed) J. H. Robinson M.D.

Address 726 E. Pratt St.

Date Balto. July 18 1906

Place of Burial Holy Cross

Date July 19 1906

Undertaker H. C. Windfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91887

City of Baltimore, (No. 127 Clifton Place, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Michael J. Fennessy

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)	
AGE: 71 years, — months, ... days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 16 1906 that I last saw h— alive on July 17 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Apoplexy
Hæmiplegia Hæmiplegia

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) James M. Fenton M. D.

July 18 1906 (Address) 706 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National — DATE OF BURIAL: 7/20 1906

UNDERTAKER: H. C. Nickolis — ADDRESS: Greenmount

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

91888

Registered No. B.....

City of Baltimore, (No. 646 Dawer St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Reilley.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb (Month) ..... (Day) 1906 Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Laughlin

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Reibley

(Address) 646 Dawer St

Filed 7/18 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 18 1906

that I last saw h— alive on July 17 1906,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. W. C. Cuddy M. D.

July 18 1906 (Address) 506 N. Carrollton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St. Peters Cem

DATE OF BURIAL July 19 1906

UNDERTAKER M. Dayler & Son.

ADDRESS 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — Registered No. B 91889

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie E. Weeks

{ Residence, if in Baltimore, Give Street and Number. } 333 S. Bond St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 31st 1885
AGE	21 years, 5 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	North Carolina
FULL NAME OF FATHER	Newton Weeks
BIRTHPLACE OF FATHER (State or country)	North Carolina
MAIDEN NAME OF MOTHER	Martha Oliver
BIRTHPLACE OF MOTHER (State or country)	North Carolina
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Weeks

(Address) 333 S. Bond St.

Filed July 18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 16 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 5.10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

4 mos. (DURATION) DAYS

Contributory (Primary.) Acute Rheumatism

3 mos. (DURATION) DAYS

(Signed) W. S. Gilpin M.D.

Address 1731 E. Fayette

Date July 16 1906

Place of Burial 1st Evangelic

Date July 18th 1906

Undertaker [illegible] & SONS

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 91890 Registered No. B 91890

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1514 Shuman Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis De Nicholas

{ Residence, if in Baltimore, Give Street and Number. } 1514 Shuman Pl.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 7 1903

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William De Nicholas

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Price

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William De Nicholas

(Address) 1514 Shuman Pl.

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 16 1906 that I last saw h*im* alive on July 16 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Enteric Colitis

(DURATION) 13 DAYS

(Signed) J K Galloway M.D.

Address 318 E. Lanvale St.

Date July 17th 1906

Place of Burial Mt Olivet Balto Co

Date July 19 1906

Undertaker C. G. Waddell Jr

Address 2113 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd 9189½ Registered No. B 918:1

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 931 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hedy Druzd

{ Residence, if in Baltimore, Give Street and Number. } 931 Fell st

Duration of Residence in Baltimore. one year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 21 September 1903

AGE: 2 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Simon Druzd

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Johane Twardowicz

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johane Druzd

(Address) 931 Fell st

Filed 7/18 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 th 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 17 1906 that I last saw h alive on July 17 1906, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

Pneumonia (DURATION) 8 DAYS

Contributory (Primary)

Bronchitis (DURATION) 12 DAYS

(Signed) S. Szmwalski M.D.

Address 522 S. Ann st

Date July 18 th 1906

Place of Burial Holy Rosary.

Date ~~Wednesday~~ July 19" 1906

Undertaker M. Gaelowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 91892 Registered No. B 91892

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 900 Lytle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Elizabeth Bruel

{Residence, if in Baltimore, Give Street and Number.} 900 Lytle St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 19 1830

AGE: 76 years, months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Charles Bottger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Home maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T. Roberts

(Address) 900 Lytle St

Filed 7/18 1906

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 16 1906 that I last saw h-r alive on July 16 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Paralysis

30 Years (DURATION) DAYS

Contributory (Primary.) Asthma (DURATION) DAYS

(Signed) William Lee M.D.

Address 835 Lytle St

Date July 19 1906

Place of Burial LOUDON PARK JUL 18 1906

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 91893 Registered No. B 91893

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Jefferson St (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma C. Chalkley

{ Residence, if in Baltimore, Give Street and Number. } 626 Jefferson St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Mar 26 1906

AGE ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Clarence H Chalkley

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Margaret H Jenkins

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret H Chalkley

(Address) 626 Jefferson St

Filed 7/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 17 1906 that I last saw her alive on 17th July 1906, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. G. Ormiss M.D.

Address 809 Gorsuch Ave

Date July 18 1906

Place of Burial CEDAR HILL JUL 19 1906

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91894

Registered No. B.....

City of Baltimore, (No. 1306, Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Lee Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Jan (Month) 27 (Day) 1906 (Year)

AGE: ..... years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: David Lee Scott

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary J. Miller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Scott

(Address) 1306 N. Hanover St

Filed 7/18, 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12th 1906 to July 17 1906 that I last saw him alive on July 17 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Entero-colitis

(DURATION) 6 DAYS

Contributory Emaciation & Exhaustion

Autopsy Yes (DURATION) 5 DAYS

(Signed) H. K. Wiley M. D.

July 18 1906 (Address) 7 W. Hileary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
CEDAR HILL	JUL 19 1906
UNDERTAKER: HARRY C. ANDREWS, FUNERAL CHAPEL	ADDRESS: Armstrong Denny Co, 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 91895 — Registered No. B 91895

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1226 E. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Enoch D. Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 1226 E. Charles

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 13 1861
AGE	45 years, 2 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ind
FULL NAME OF FATHER	Benjamin R Smith
BIRTHPLACE OF FATHER (State or country)	Ind
MAIDEN NAME OF MOTHER	Isabelle Gray
BIRTHPLACE OF MOTHER (State or country)	Ind
OCCUPATION OF DECEASED	House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward E Mitchell

(Address) 1226 E Charles St

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 — 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1904 to July 17 1906

that I last saw her alive on July 16 1906,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Kerr Bowers M.D.

Address 1228 E. Charles

Date July 17 — 1906

Place of Burial LOUDON PARK JUL 19 1906

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91896 — Registered No. B 91896

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Andrew Hohman

{ Residence, if in Baltimore, Give Street and Number. } 926 Mulberry St.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal. | COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower -

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hohmann

(Address) 128 Fremont St.

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1906

I HEREBY CERTIFY, That I attended deceased from Jun. 11, 1906 to July 18, 1906 that I last saw h.. alive on July 18, 1906, and that death occurred, on the date stated above, at 4.25 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio-sclerosis Heart Valvular

1 (DURATION) ? DAYS

Contributory (Primary.) Cardiac failure.

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital.

Date July 18, 1906

Place of Burial Weston Cem.

Date July 20 1906

Undertaker Jos. Sounders Son

Address 2871 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B 91897

City of Baltimore, (No. 1129, Boston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Haney.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 28" (Month) (Day) 1828 (Year)

AGE: 77 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: James Haney.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary C. Falconett

BIRTHPLACE OF MOTHER (State or country): Same.

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Somerset

(Address) 1129 Boston St.

Filed 7/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18" (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13" 1906 to July 18" 1906 that I last saw him alive on July 17 1906, and that death occurred on the date stated above, at 6.15 a. m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(DURATION) 3 DAYS

Contributory Pneumonia

(DURATION) DAYS

(Signed) Wm. J. McDonald M. D.

July 18" 1906 (Address) 1208 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 20 1906

UNDERTAKER: Wm. W. Mears and Sons

ADDRESS: Post-Graduate

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

91898

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Ridgley

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1906

I HEREBY CERTIFY, That I attended deceased from July 3, 1906 to July 15 1906 that I last saw her alive on July 15 1906, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever.

3 weeks. (DURATION) ..... DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date July 16, 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 18 1906 190 .....

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

200

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward Med. 91899 Registered No. B 91899

CERTIFICATE OF DEATH.

112

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Geier

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 17 1906 that I last saw h im alive on July 17 1906, and that death occurred, on the date stated above, at 11 50 a. m. CAUSE OF DEATH (Secondary or Immediate

Cirrhosis of Liver
Chronic Interstitial
Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) M Downes M.D.

Address Bay View Asylum

Date July 17 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 18 1906 190

Undertaker William L. Woodson

Address 1811 Aisken St

WM. J. C. DULANY CO., Baltimore.

FOR OFFICIAL USE ONLY

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

200

Ward 19 — 91900 — Registered No. B 91900

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 Carrington St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Gallagher Walker

{ Residence, if in Baltimore, Give Street and Number. } 815 Carrington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 10th 1906
AGE	..... years, ... months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jas. R. Walker
BIRTHPLACE OF FATHER (State or country)	New York.
MAIDEN NAME OF MOTHER	Lizzie Gallagher
BIRTHPLACE OF MOTHER (State or country)	Baeto
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Walker

(Address) 815 Carrington St

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 17th 1906

that I last saw h[illegible] alive on July 17th 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
(6½ months)

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. J. O'Connell M.D.

Address 1348 Charles St

Date 190

Place of Burial St Vincents

Date July 18th 1906

Undertaker Jos. Stinchcomb

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — 91901 — Registered No. B 91901

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 216 E. Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter R. Horton

{Residence, if in Baltimore, Give Street and Number.} 21 E. Heath St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 27 1906

AGE: ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Walter F. Horton

BIRTHPLACE OF FATHER (State or country): Prince William Co. Va

MAIDEN NAME OF MOTHER: Mary Murphy -

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Horton (Father.

(Address) 21 E. Heath St

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 18 1906 that I last saw h.. alive on July 17 1906, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.) Asthenia (DURATION) 7 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St

Date July 18 1906

Place of Burial Cedar Hill Cem

Date July 19th 1906

Undertaker C. Schlosman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

91902

Registered No. B.....

City of Baltimore, (No. Nursery + Child's Hospital St., Marlboro Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude M. Wilhelm

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: 2 (Month) 18 (Day) 1906 (Year)

AGE: — years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Rachel Stumpf

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Stone

(Address) N + C Hospital Balto Md

Filed 7/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3rd 1906 to July 17 1906 that I last saw her alive on July 17 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Marasmus +

Exhaustion

(DURATION) 5 Days

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Chisholm M. D.

190 (Address) 839 4 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Unknown

How long at Place of Death? 4 Mos 18 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: July 19 1906

UNDERTAKER: Wm E C Lenrwell + Son

ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

91903

Registered No. B 91903

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 1151 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred R. Voyce

{ Residence, if in Baltimore, Give Street and Number. } 1151 W Hamburg St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Aug 5. 1904.

AGE ..... years, 23 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER William J. Voyce

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Annie E. Plummer

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Voyce.

(Address) mother

Filed 7/18 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 17 1906

that I last saw h[illegible] alive on July 16 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. M. Lumpkin M.D.

Address 602 S. Paca St.

Date July 18 1906

Place of Burial Disney's Cem. Annapolis Road & A.A. County

Date July 19. 1906

Undertaker Daniel J. M. G. Flynn

Address 42. E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. M. M. 91904 Registered No. B 91904

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Lee Kennedy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Thirty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): W. Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 18 1906 that I last saw h[illegible] alive on July 18 1906, and that death occurred, on the date stated above, at 2 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis.

(DURATION) DAYS

Contributory (Primary.) Respiratory failure (DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date 190

Place of Burial Cedar Hill Cem

Date July 19. 1906

Undertaker Daniel and W. G. Glynn

Address 42 E. Pres[illegible] St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 91905

CERTIFICATE OF DEATH. 91905

(Place of Death.) No. 835 S. Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Simon Zaczek.

{Residence, if in Baltimore, Give Street and Number.} Since birth. 835 S. Bond St.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	....years, ...months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Zaczek
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Antonina
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonina Zaczek

(Address) 835 S. Bond St

Filed July 19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 16 1906 that I last saw h im alive on July 16 1906, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Trismus neonatorum.

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 236 S. Bond St.

Date July 18 1906.

Place of Burial Holy Rozary

Date July 19 1906

Undertaker Jacob Frackowiak

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th 91906 Registered No. B 91906

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McDonald.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 39

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Iron worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hellyday, Supt.

(informant)

(Address) BAY VIEW ASYLUM

Filed 7/19 1906 HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 17 1906

that I last saw h alive on July 17 1906

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) M.D.

Address Bay View Asylum

Date July 17 1906

Place of Burial St Patrick

Date July 19 1906

Undertaker John J Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C

Registered No. B 91907

91907

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Ward

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1828

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Thomas Ward

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Steel

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley sts

Filed 7/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from At Record 190 to 190

that I last saw h.. alive on July 6 1906,

and that death occurred, on the date stated above, at 10.45 p. m. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

Confinement (DURATION) DAYS

Contributory (Primary.) Syncope

(DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1103 Valley st

Date July 18 1906

Place of Burial St Peter

Date July 19th 1906

Undertaker John H Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105.

CERTIFICATE OF DEATH.

Registered No. B 91908.

City of Baltimore, (No. 629, Dover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katharine E. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 29 (Month) (Day) 1905 (Year)

AGE: ..... years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Harry Wind

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Elizabeth Gunther

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Wind

(Address) 629 Dover St.

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 17 1906

that I last saw h.. alive on July 17 1906

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Heart weakness

(DURATION) 2 DAYS

(Signed) Harry Boyd M. D.

July 18 1906 (Address) 612 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Alphonsus

DATE OF BURIAL: July 19 1906

UNDERTAKER: John A. Inman

ADDRESS: Bank & Ann

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] Registered No. B 91909

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 327 S. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Roberts Jr

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, ... months, 3 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Walter Roberts

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Cora Mennis

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Roberts

(Address) 327 S Fremont ave

Filed 7/19 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from As above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (6 hrs)
(Lived 3 hrs)

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 211 W. Lanvale

Date July 18th 1906

Place of Burial Mt. Auburn Cem.

Date July 19th 1906

Undertaker A. L. Brown & Son

Address 108 W. Twenty-first St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 91910 — Registered No. B 91910

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1131 N. Fremont ave - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cristina Liberto.

{Residence, if in Baltimore, Give Street and Number.} 1131 N. Fremont

Duration of Residence in Baltimore. 12 yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1853

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow.

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER unknown.

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED Home wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus. Liberto.

(Address) 1031 Fremont ave

Filed 7/19 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 — 17 1906

I HEREBY CERTIFY, That I attended deceased from 1 — 20 1905 to 7 — 17 1906 that I last saw h[illegible] alive on 7 — 17 1906, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver + Stomach -

(DURATION) 2. yrs

Contributory (Primary.) gradual cardiac asthenia - (DURATION) months

(Signed) A Drumco - M.D.

Address 1604 Linden ave

Date 7 — 19 — 1906

Place of Burial St Vincents

Date 7-19 1906

Undertaker John E Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B 91911

91911

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 714 Park avenue St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thomas Sargent Baer.

{Residence, if in Baltimore, Give Street and Number.} 714 Park. avenue.

Duration of Residence in Baltimore. Sixty three years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mch 16th 1843.

AGE 63 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Baer

BIRTHPLACE OF FATHER (State or country) Virginia.

MAIDEN NAME OF MOTHER Elizabeth Hiett.

BIRTHPLACE OF MOTHER (State or country) Baltimore.

OCCUPATION OF DECEASED Judge Supreme Bench Judge Baltimore City

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. T. Baer

(Address) 714 Park ave

Filed 7/19 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1903

I HEREBY CERTIFY, That I attended deceased from September 1905 to July 18 1906 that I last saw him alive on July 7 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcenoma of Antrum.

11 Month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W T Baer M.D.

Address 714 Park ave nue.

Date July 18 1906

Place of Burial Greenmount Cemetery

Date July 19th 1906

Undertaker Henry H. Jenkins Sons Co

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V. 9[illegible] Registered No. B 9[illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 934 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Keys

{ Residence, if in Baltimore, Give Street and Number. } ~~Colored~~ 934 S. Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: April 5, 1906

AGE: ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Keys.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Wallace

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Keys (mother)

(Address) 934 S. Eutaw St,

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from ..... to ..... 190..

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Dis. 2 wks. attended at Southern Dyspy.

(DURATION) — DAYS

Contributory ~~(Primary.)~~ —

(DURATION) ..... DAYS

(Signed) J. S. Ghbart Coroner M.D.

Address 211 N. Lanvale

Date July 18th 1906

Place of Burial Mt. Auburn

Date July 19 1906

Undertaker Jno. J. Bradley

Address 20 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Registered No. B 91913

City of Baltimore, (No. 2004 Hunters Alley, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Howard

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Jan (Month) 24 (Day) 1903 (Year)
AGE	3 years, 5 months, 25 days
SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Walter Scott Howard
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Hattie Dallas
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Howard

(Address) 2004 Hunters alley

Filed 7/19 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 18 1906 that I last saw h[illegible] alive on July 17 1906, and that death occurred, on the date stated above, at 4.15 P. M. The CAUSE OF DEATH was as follows:

Whooping Cough

(DURATION) 13 DAYS

Contributory Capillary Bronchitis

(DURATION) 5 DAYS

(Signed) Reginald J Tonry M. D.

July 18 1906 (Address) 2206 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	July 19 1906
UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91914

City of Baltimore, (No. 829 N Gilmor St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie P. Mercer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 10 (Day) 1827 (Year)

AGE: 79 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Dist of Columbia

FULL NAME OF FATHER: Robert Rollins

BIRTHPLACE OF FATHER (State or country): Dist of Columbia

MAIDEN NAME OF MOTHER: Eliza Dugan

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc Comas Douglas

(Address) 829 N Gilmor St

Filed 7/19 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 16 1906 that I last saw h[illegible] alive on July 16 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Senility

Asthenia (DURATION) DAYS

Contributory Arteriosclerosis (DURATION) 10 DAYS

(Signed) C. Mosher M. D.

July 18 1906 (Address) 631 N Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Mills Md — DATE OF BURIAL: July 20 1906

UNDERTAKER: Wm J. Tickner & Sons — ADDRESS: Camden & Pace

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 91915 — Registered No. B 91915

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1011 W. Cross, St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth, Pettit,

{Residence, if in Baltimore, Give Street and Number.} 1011, W, Cross, St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 12 1906

AGE: ..... years, 5 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Elmer. Pettit

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Jessie. Fulton

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jessie. Pettit

(Address) 1011 W. Cross st

Filed 7/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to July 17 1906 that I last saw h er alive on July 16 1906, and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis,

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. M Lemmerman M.D.

Address 602 S. Regester

Date July 17 1906

Place of Burial Mt Olivet Cem

Date July 19 1906

Undertaker Wm J. Tickner & Sons

Address Bamcton & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward Room 4 91916 Registered No. B 91916

CERTIFICATE OF DEATH.

114

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Rocker

{Residence, if in Baltimore, Give Street and Number.} 612 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 11 1853

AGE 52 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Herman Rocker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Volker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Rocker

(Address) 612 S. Paca St

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18. 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 18 1906 that I last saw h— alive on July 18 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) 6 DAYS

Contributory (Primary.) appendicitis

(DURATION) 3 DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date July 18. 1906

Place of Burial Loudon Park

Date July 20 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH. 91917

Registered No. B.....

City of Baltimore, (No. 530 N. Bradford St.; ..... Ward)
[If death occurr away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jeremiah Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH (Month) (Day) (Year)	1839
AGE	About 67 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam. J. Wilson (Son)

(Address) 515 S. Duncan alley

Filed 7/19 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to July 18th 1906 that I last saw him alive on July 18th 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Old Age

Chronic Bronchitis (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Thos. N. Magruder M. D.

7/19 1906 (Address) 1536 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 20th 1906
UNDERTAKER	ADDRESS
Chas. L. Bailey	1437 Jefferson st

Ward 19 91918 Registered No. B 91918

CERTIFICATE OF DEATH.

(Place of Death.) No. 1151 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie F. Braun

{ Residence, if in Baltimore, Give Street and Number. } 1151 N. Stricker St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: November 28th 1889

AGE: 16 years, 8 months, — days

SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George F Braun

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Alice M Kelly

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F Braun

(Address) 1151 N Stricker

Filed 7/19 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to July 18th 1906

that I last saw her alive on July 17th 1906,

and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Albuminuria

(DURATION) 8 DAYS

Contributory (Primary.) Uraemia

(DURATION) 4 DAYS

(Signed) Chas L. Gundlachby M.D.

Address 418 S. Paca St.

Date July 18th 1906

Place of Burial Baltimore Cemetery

Date July 20th 1906

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 Registered No. B 91919

175

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harriet Foot

{Residence, if in Baltimore, Give Street and Number.} 1526 Riggs ave.

Duration of Residence in Baltimore. For year

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Morton Chase

(Address) 1011 N Calhoun St

Filed 7/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inhalation of chlo-
roform, accidents, preced-
-ing an intended Surgi
cal operation (DURATION) DAYS
Chronic endocarditis
Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Log. av. Roxbury,

Date July 18th 1906

Place of Burial Boyd's Chapel U. A. Co. Md

Date July 20th 1906

Undertaker Sam'l. M. Chase

Address 1011 N. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 4920.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willis Scayles

{Residence, if in Baltimore, Give Street and Number.} 541 Oxford St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1876

AGE: about 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benj Scayles

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Scayles

(Address) 1347 N. Carey

Filed 7/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1906

I HEREBY CERTIFY, That I attended deceased from Apr. 5th 1906 to July 18 1906

that I last saw h[illegible] alive on July 18 1906,

and that death occurred, on the date stated above, at 8-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

Chronic and Pancreatitis

? (DURATION) ? DAYS

Contributory (Primary.) Peritonitis

(DURATION) 3 DAYS

(Signed) C. E. Long M.D.

Address Md. Gen. Hospital

Date July 19, 1906

Place of Burial Bx. Auburn Cem.

Date July 19th 1906

Undertaker Samuel F. Tracy

Address 811 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 91921 Registered No. B 91921

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 5 Hill St. Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Irving Palmer

{Residence, if in Baltimore, Give Street and Number.} 5 Hill St.

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 19th 1906

AGE — years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ S

BIRTHPLACE (State or country) 5 Hill St.

FULL NAME OF FATHER Daniel Palmer

BIRTHPLACE OF FATHER (State or country) Adams Co. Pa

MAIDEN NAME OF MOTHER Carrie E. Myers

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) his Daniel X Palmer mark

(Address) 5 Hill St Woodberry

Filed 7/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from July 4th 1906 to July 18th 1906 that I last saw him alive on July 18th 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Diarrhoea of dentition (DURATION) 11 DAYS

(Signed) Geo. I. Thowsen M.D.

Address 421 Roland Ave

Date July 19th 1906

Place of Burial St Mary's

Date July 19 06

Undertaker A. S. Marshall

Address 35-39 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91922 — Registered No. B 91922

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vinch Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellen Jeffray

{ Residence, if in Baltimore, Give Street and Number. } St. Vinch Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	May 12, 1906
AGE	~~years,~~ 2 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from May 13 1906 to July 17 1906 that I last saw her alive on July 17 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline st

Date 7-18 1906

Place of Burial Mount Cathedral

Date July 19 1906

Undertaker Martin F. Shaughnessy

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 91923 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Vincent Joseph Bartlett

{ Residence, if in Baltimore, Give Street and Number. } St Vincts Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	July 2 1906
AGE	— years, — months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 7/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 18 1906 that I last saw him alive on July 17 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 7-18 1906

Place of Burial New Cathedral

Date July 19 1906

Undertaker Martin Bahrenburg Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91924 Registered No. B 91924

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 567 Alford St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Thomas

{ Residence, if in Baltimore, Give Street and Number. } 567 Alford St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: About 1

AGE: About 5 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Peaker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 107 Dolphin Ave

Filed 7/19 1906

HARRY C. ANDREWS, Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 18 1906

that I last saw her alive on July 16 1906

and that death occurred, on the date stated above, at 3:30 M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis Heart Disease — Natural

Con'tributory (Primary) Pneumonia (DURATION) 4 days

(DURATION) 4 DAYS

(Signed) John Elsemp M.D.

Address 567 Alford St

Date July 19 1906

Place of Burial Druid Hayford Co Md

Date July 20 1906

Undertaker John A. Bishop

Address 107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91925 Registered No. B 91925

137

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Manaster

{Residence, if in Baltimore, Give Street and Number.} 702 Edmondson Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 31st 1879

AGE 27 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel T. Walker

BIRTHPLACE OF FATHER (State or country) Bal D.

MAIDEN NAME OF MOTHER Georgie E. Walker

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. O. Manaster

(Address) 702 Edmonson Ave

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 16 1906 that I last saw her alive on July 16 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal infection following miscarriage

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) Guy L. Hunner M.D.

Address 1420 Linden Place

Date 190

Place of Burial Mt. Olivet Cem.

Date July 19 1906

Undertaker H. Allen Fuller

Address 2013 E Balto. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 91926 — Registered No. B 91926

CERTIFICATE OF DEATH.

4

(Place of Death.) No. #314 Harford Ave . Ext. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Miller

{Residence, if in Baltimore, Give Street and Number.} #314 Harford Ave . Ext.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 10th 1868
AGE	38 years, 3 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Joseph Miller
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Bar Tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Digelman

(Address) 314 Harford Ave

Filed 7/19 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto July 17 1906

I HEREBY CERTIFY, That I attended deceased from June 11 1906 to July 17 1906

that I last saw h im alive on July 15 1906,

and that death occurred, on the date stated above, at 8 C M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

Fever (DURATION) 36 DAYS

(Signed) Geo F Taylor M.D.

Address 1252 E. B'way

Date July 18th 1906

Place of Burial Holy Redeemer Cem. 7/20/06

Date 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91927

91927

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1427 Hammand alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamid- Balden

{ Residence, if in Baltimore, Give Street and Number. } 1427 Hammand alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: ~~~~

BIRTHPLACE OF FATHER (State or country): ~~~~

MAIDEN NAME OF MOTHER: ~~~~

BIRTHPLACE OF MOTHER (State or country): ~~~~

OCCUPATION OF DECEASED: Washing & Ironing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexandria Cooper

(Address) 1427 Hammand alley

Filed 7/19 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 = 1906

I HEREBY CERTIFY, That I attended deceased from I 190 ..... to — 190 .....

that I last saw h ..... alive on — 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 N Greene St

Date July 19 1906

Place of Burial Laurel Cemetary

Date 20 of July 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 Registered No. B 91928

91928

CERTIFICATE OF DEATH.

93

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wladislaw Kadinowski

{Residence, if in Baltimore, Give Street and Number.} Schumacher & Co - City Hospital

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co

(Address) L. Gay St

Filed 7/19 1906

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 18 1906 that I last saw him alive on July 18 1906 and that death occurred, on the date stated above, at 3.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 19 1906

Place of Burial 1st Evangelical Lem

Date July 20th 1906

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91929

City of Baltimore, (No. 1726 Orleans St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Munroe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Common White

DATE OF BIRTH: Nov. 18th (Month) (Day) 1855 (Year)

AGE: 51 years, [illegible] months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Ward

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Ward

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Munroe Sister

(Address) 1726 Orleans St

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1906 to July 18th 1906

that I last saw h[illegible] alive on July 12th 1906,

and that death occurred, on the date stated above, at 9.25 A. M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

Some Complication

Duration three weeks

(DURATION) DAYS

Contributory Rheumatism

(DURATION) DAYS

(Signed) W. Wilson M. D.

July 18th 1906 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: July 20 1906

UNDERTAKER: R. F. Elliott

ADDRESS: R. F. Elliott

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 91930 — Registered No. B 91930 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 McKim St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry L Jones

{Residence, if in Baltimore, Give Street and Number.} 829 McKim

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Jones

(Address) 829 McKim St.

Filed 7/19 1906 HARRY C. ANDREWS, PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 8 .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Diseases of Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. L. Cullen M.D.

Address Coroner

Date July 19 1906

Place of Burial Laurel

Date July 17th 1906

Undertaker W. H. Edrich

Address 106 Hayes Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 91931 — Registered No. B 91931

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 Edgar Place. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alcuin James Kelly.

{Residence, if in Baltimore, Give Street and Number.} 213 Edgar Place.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 6th 1906
AGE	..... years, 2 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Thomas Kelly
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Jennie Quiss
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Kelly

(Address) 213 Edgar Place

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th, 1906.

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 18 1906, that I last saw him alive on July 18 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gradual failure
(Marasmus).

(DURATION) — DAYS

Contributory (Primary.) Malnutrition.

(DURATION) 16 DAYS

(Signed) Geo. E. Rehberger M.D.

Address 432 Milton Ave.,

Date July 19th., 1906.

Place of Burial St. Alphonsus Cemetery

Date July 19th. 1906.

Undertaker Henry Woeckener

Address 1301 E. Eager St.

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B 9135?

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Devine

{Residence, if in Baltimore, Give Street and Number.} St. Joseph's Hosp.

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister, Rebecca

(Address) St. Joseph's Hosp.

Filed 7/19 1906

HARRY C. ANDREWS, [illegible] CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 17 1906 that I last saw h~~im~~ alive on July 17 1906, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate) Uraemia (acute retention of urine)

(DURATION) DAYS

Contributory (Primary) Chronic nephritis

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Joseph's Hospital

Date July 19th 1906

Place of Burial Holy Redeemer Cemetery

Date July 20th 1906

Undertaker Henry Harold & Son

Address 301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 91983 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 S Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdolena Reich

{Residence, if in Baltimore, Give Street and Number.} 229 Stricker

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 17th 1846

AGE: 60 years, 2 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. Glass

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Reich

(Address) 229 S. Stricker St

Filed 7/19 1906 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 17 1906 that I last saw her alive on July 17 1906 and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis (DURATION) 6 DAYS

Con'ributory (Primary.) Uremia (DURATION) 1 DAYS

(Signed) Eda Greenphus M.D.

Address 517 Lombard

Date July 18 — 1906

Place of Burial Western Cem.

Date July 19th 1906

Undertaker Wm B Brothers

Address 231 S. Stricker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

450 N. 25th St

Registered No. B 91934

City of Baltimore, (No. Home for Mothers & Infants St.; 25th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Askay Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May (Month) 21st (Day) 1906 (Year)

AGE: ..... years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Johns Hopkins Hospital Baltimore City

FULL NAME OF FATHER: Frank Sargin

BIRTHPLACE OF FATHER (State or country): Strasburg md

MAIDEN NAME OF MOTHER: Lizzie Miller

BIRTHPLACE OF MOTHER (State or country): Cumberland md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to July 18 1906 that I last saw h.. alive on July 17 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Congenital debility, the child having been prematured

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Flora Pallack M. D.

July 18 1906 (Address) 112 mt Royal ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: JUL 19 1906

UNDERTAKER: Commissioner Health

ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

2 01

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 91935 Registered No. B 91935

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 Lemmon St ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Hilton

{Residence, if in Baltimore, Give Street and Number.} 1705 Lemmon St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 16 1832

AGE 74 years, 3 months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER Lloyd Hilton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rachel Watkins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Hilton

(Address) 1705 Lemmon St

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 18 1906

that I last saw him alive on July 17 1906,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

unknown 4 mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date July 19th 1906

Place of Burial National Cemetery

Date July 21 1906

Undertaker Jos Black

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

153

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91936

Registered No. B.....

City of Baltimore, (No. 1801, McHenry St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Hitselberger

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 25 1806
(Month) (Day) (Year)

AGE — years, — months, 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank Hitselbergr

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Carrie Hitselberger

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hitselberger

(Address) 1102 S Carey St

Filed 7/14 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 19 1906

that I last saw him alive on July 18 1906,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 20 DAYS

Contributory Hernia Incarc

(DURATION) ..... DAYS

(Signed) Henry Boyd M. D.

July 19 1906 (Address) 2 E Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn

DATE OF BURIAL July 20 1906

UNDERTAKER J D Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91937

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B 91937

City of Baltimore, (No. 2103, Bank St.; 1st, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Jacobs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: (Month) Feb. (Day) 6th 1852 (Year)

AGE: 54 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Atglen, Pa.

FULL NAME OF FATHER: Richard Jacobs

BIRTHPLACE OF FATHER (State or country): Westchester, Pa.

MAIDEN NAME OF MOTHER: Amanda Philps

BIRTHPLACE OF MOTHER (State or country): Westchester, Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia P. Turner.

(Address) 231 S. Collington Av.

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1906 to July 18th 1906

that I last saw h alive on July 18th 1906,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Intracranial Hemorrage

(DURATION) 4 DAYS

Contributory Paralysis complete

Ureamia (DURATION) 2 DAYS

(Signed) C. H. Edmunds M. D.

July 18th 1906 (Address) 20 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel | DATE OF BURIAL: July 20 1906

UNDERTAKER: Robt J Turner | ADDRESS: Baltimore

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 91938 — Registered No. B 91938

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 20 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto Dannenberg

{Residence, if in Baltimore, Give Street and Number.} 16 20 E Eager.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov 15 — 1852

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Hebert Dannenberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Shana Redding

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hebert Dannenberg

(Address) 16 20 E Eager

Filed 7/19 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19 — 1906

I HEREBY CERTIFY, That I attended deceased from July 16 — 1906 to July 19 — 1906 that I last saw h im alive on July 18 — 1906, and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions

(DURATION) 3 DAYS

Contributory (Primary) Paralysis

2 yrs. 2 mos. 2 days (DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date July 19 — 1906

Place of Burial Balto Cemetery

Date July 21 1906

Undertaker Robt T Turner

Address Bdway & Oliver St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 91939 — Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 701 n Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Rosenberg

{Residence, if in Baltimore, Give Street and Number.} 701 N Lexington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1861

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Theodor Allen

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dorothea Arnold

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Sloss

(Address) 701 W Lexington St

Filed 7/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 18 1906 that I last saw her alive on July 17 1906, and that death occurred, on the date stated above, at 12-30 pm. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis

(DURATION) DAYS

Contributory (Primary.) Dysentery

3 wks (DURATION) DAYS

(Signed) C. F. Bloke M.D.

Address 1523 E Baltimore

Date July 18 1906

Place of Burial Johns Hopkins Cemetery.

Date July 20 1906

Undertaker J. Shriver & Co

Address 754 W Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 91940 113

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Inf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Eva Dils

{Residence, if in Baltimore, Give Street and Number.} Parkersburg

Duration of Residence in Baltimore. West Virginia

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: June 19 1870

AGE: 36 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H Walker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah E Wade

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas W. Dils

(Address) Parkers Burgh W Va

Filed July 20th 1906

HARRY O. INGRAM PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 19 1906 that I last saw her alive on July 19 1906, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gall stones with Cholaemia

(DURATION) DAYS

Contributory (Primary) Gall Stones

6 weeks (DURATION) DAYS

(Signed) J R Trimble M.D.

Address 38 Madison

Date July 19th 06. 1906

Place of Burial Parkersburg W Va

Date July 20th 1906

Undertaker J W & S Hough Co

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 91941

City of Baltimore, (No. 37 E. 25th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Valentine Dushane

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 21 1830 (Month) (Day) (Year)

AGE: 75 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Valentine Dushane

BIRTHPLACE OF FATHER (State or country): Middletown Delaware

MAIDEN NAME OF MOTHER: Elizabeth Sendorf

BIRTHPLACE OF MOTHER (State or country): Middletown, Delaware

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Dushane - son

(Address) old Nat. Bank Bldg

Filed 7/20 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1903 to July 18 1906 that I last saw him alive on July 16 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bright's disease of the Kidneys

(DURATION) 4 yrs.

Contributory Uraemic Coma and Fainting (DURATION) 2 DAYS

(Signed) J. H. Hofmann M. D.

July 18 1906 (Address) 702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: July 21 1906

UNDERTAKER: Geo J. Smith & Co — ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 91942

City of Baltimore, (No. 38 S Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Baltruschat

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 27 (Day) 1875 (Year)

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Baltruschat

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma C. Rodolph

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. Baltruschat

(Address) 38 S. Eutaw St

Filed 7/20 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16. 1906 to July 18. 1906

that I last saw him alive on July 17. 1906

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) DAYS

Contributory Acute Gastritis

(DURATION) one DAY

(Signed) L. J. Labadie M. D.

July 19. 1906 (Address) 1001 Bloxquith Bld

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 22 1906
UNDERTAKER	ADDRESS
H Nicolaus & Son	1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

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91943

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91943

City of Baltimore, (No. 1007 St. Front ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Sheridan

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH ..... (Month) ..... (Day) 1853 (Year)

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Nelson Sheridan

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emily Howard

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sheridan Pye

(Address) 1007 Front St

Filed 7/20 1906

HARRY O. ANDERS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 19th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 19th 1906 that I last saw him alive on July 19th 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Abscess of stomach

3 months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F. Stallter Green M. D.

July 20 1906 (Address) 836 W. Mortan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 7/20 1906

UNDERTAKER Felix B. Pogs

ADDRESS 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 91944 — Registered No. B 91947

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltd city Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sam Yik

{Residence, if in Baltimore, Give Street and Number.} 111 Park Ave

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Mongolian

DATE OF BIRTH: — 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): China

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): China

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): China

OCCUPATION OF DECEASED: Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Wung

(Address) 111 Park Ave

Filed 7/20 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19, 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on — 190,

and that death occurred, on the date stated above, at 7-10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intercranial

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Taylor M.D.

Address 408 Pk Ave Epidemiologist

Date July 19 1906

Place of Burial Balto Cemetary

Date July 21 1906

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 91945 — Registered No. B 91945

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julius Scherr

{ Residence, if in Baltimore, Give Street and Number. } 210 South Caroline Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, months, days.

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Solomon Scherr

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Jacobson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mich Scherr

(Address) 210 S Caroline st

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 19 1906 that I last saw him alive on July 19 1906, and that death occurred, on the date stated above, at 8 32 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

Strangulated Hernia (DURATION) DAYS

Contributory (Primary.) Gangrenous Appendicitis (DURATION) DAYS

(Signed) John M[illegible] M.D.

Address Johns Hopkins Hospital

Date 7/26-06 1906

Place of Burial Philip Rd Roan Dale

Date July 20, 1906

Undertaker Max Levinson

Address 1138 Lonsdale st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 91946 — Registered No. B 91946

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 Warren Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M. Stewart.

{Residence, if in Baltimore, Give Street and Number.} 229 Warren Ave

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feb 16 1836

AGE: 69 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John Stewart

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Workman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas R Stewart

(Address) 229 Warren Ave

Filed 7/20 1906 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st, 1906 to July 17th 1906 that I last saw him alive on July 17 1906, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fatty degeneration of Heart

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Hammond Lusk M.D.

Address 835 Light St

Date July 18th 1906

Place of Burial BALTIMORE CEMETARY JUL 20 1906

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 V 91947 Registered No. B 91947

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Sub-station, McClellan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Weitzell

{ Residence, if in Baltimore, Give Street and Number. } 2801 Hampden ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	— 1
AGE	22 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Wm. H. Weitzell
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Sophia Moore
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weitzell

(Address) 2801 Hampden ave

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Electric Shock.

Accident

(DURATION) — DAYS

Contributory (Primary) Fracture base of Skull from fall (DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 108 N. Eutaw St

Date July 20, 1906

Place of Burial Baltimore Cemetery

Date July 22 1906

Undertaker Armstrong Denny Co

Address 716 Light St

HENRY J. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

91948

Registered No. B.....

City of Baltimore, (No. 148 N. Exeter St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gena Levinton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1, 1903 (Month) (Day) (Year)

AGE 2 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Jacob Levinton

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Chaytowitz

BIRTHPLACE OF MOTHER (State or country) ~~Mary Chayt~~ Russia owitz

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Levinton

(Address) 148 N. Exeter St

Filed 7/20 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18, 1906 to July 19, 1906 that I last saw her alive on July 19, 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Laryngeal, Faucial and Nasal Diphtheria

(DURATION) 4 DAYS

Contributory Heart failure several hrs. (DURATION) 4 DAYS

(Signed) L. H. Ephraim M.D.

July 19 1906 (Address) 208 S. Exeter

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Shalom DATE OF BURIAL July 20 1906

UNDERTAKER Max Levinson ADDRESS 1138 Lowell

1 P. M.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th 91949 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mayo 10 Thursby Court Waverly

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday Supt

(Informant)

BAY VIEW ASYLUM.

(Address)

Filed 7/20 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 18 1906 that I last saw h alive on July 18 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) M.D.

Address Bay View Asylum

Date July 18 1906

Place of Burial Sacred Heart

Date July 20" 1906

Undertaker Evans & Spence

Address 1002 E. Balto. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ( ) 91950 Registered No. B 91950

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 W Fredley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine E Slattery

{Residence, if in Baltimore, Give Street and Number.} 1128 W Fredley St.

Duration of Residence in Baltimore. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: July 18th 1906.

AGE: ..... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles Slattery

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice Slattery

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Slattery

(Address) 1128 W Fredley St.

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to July 20th 1906 that I last saw h[e] alive on July 19th 1906, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth at 6 mos.

Cause not Known (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. J Murray Jr M.D.

Address 5 E N. Fremont Ave

Date July 20th 1906

Place of Burial St Peters Cemy

Date July — 20 to 1906

Undertaker Wm. M. Gaulthrop

Address 901 W North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 91951 Registered No. B 91951

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 138 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hanora Dunn

{Residence, if in Baltimore, Give Street and Number.} 138 N. Washington St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 1841

AGE 64 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Davis

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Glenn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Dunn

(Address) 138 N. Washington

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 18 1906 that I last saw her alive on July 17 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bilious Dysentery

(DURATION) 3 DAYS

Contributory (Primary.) Bilious fever

(DURATION) 17 DAYS

(Signed) Isla Hampton M.D.

Address 1900 E. Baltimore

Date July 19 1906

Place of Burial Bonnie Brae

Date July 21st 1906

Undertaker John A. Inman

Address 1 Bank St Annex

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 91952 Registered No. B 91952

45

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns. Hopkins. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lester Shindler

{Residence, if in Baltimore, Give Street and Number.} North. York. Pa.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 11 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: G a Shindler

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Lillie Shindler

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: School-Boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. a Shindler

(Address) North York Pa

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 20 1906 that I last saw him alive on July 20 1906, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of Antrum

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date 7/20 1906

Place of Burial York Pa

Date JUL 20 1906 1906

Undertaker Wm. E. [illegible]

Address [illegible] N. EUTAW.

WM. J. C. DULANY CO., BALTIMORE.

HARRY C. ANDREWS, PUBLIC CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. B 91953

91953

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Harford Road. Near Atlantic Ave Annex St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edgar Neal McClure

{Residence, if in Baltimore, Give Strect and Number.} Harford Road Annex

Duration of Residence in Baltimore. All Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 14th Day Dec 1905

AGE: ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Nelson E McClure

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Agnes L Grauch

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E G Darling M D

(Address) Lauraville Md

Filed 7/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to July 19 1906 that I last saw h im alive on July 19 1906 and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 14 DAYS

Con'tributory (Primary.) Heat

(DURATION) DAYS

(Signed) E G Darling M.D.

Address Lauraville

Date July 20th 1906

Place of Burial New Cathedral

Date July 21 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — 91954 — Registered No. B 91957

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Riverside Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence M Chaffee

{Residence, if in Baltimore, Give Street and Number.} 1736 Riverside

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Aug 21 1905

AGE — years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Michael Rafferty

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emma Lentz

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fahey

Address 1232 Williams

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 19 1906 that I last saw her alive on 7. 19 1906, and that death occurred, on the date stated above, at 4:30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 3 Weeks

(Signed) L. J. Turlington M.D.

Address 320 E 76th St

Date 7. 19 1906

Place of Burial Holy Cross D.S.C.

Date July 20th 1906

Undertaker John D Fahey

Address 1232 N Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B 91955

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Price

{ Residence, if in Baltimore, Give Street and Number. } 728 Dover St.

Duration of Residence in Baltimore. Six years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. Broadway

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Price

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Price

(Address) 728 Dover St.

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 18 1906 that I last saw him alive on July 17 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) 14 DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Av.

Date July 18 1906

Place of Burial Lot 6 Md Christ Church Cemetery Chestertown

Date July 21 1906

Undertaker Fred'k Trader

Address Forrest & Hill Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... Registered No. B 91956

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 Welcome alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Howard

{Residence, if in Baltimore, Give Street and Number.} 502 Welcome Alley.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored.
DATE OF BIRTH: — — — 1	
AGE: 49 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Samuel Jones
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Cornelia Jones
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Jones

(Address) 1557 Woodyear

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 20 1906

that I last saw h.. alive on July 19 1906

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 15 DAYS

Con'tributory (Primary.) Stomach

(DURATION) 15 DAYS

(Signed) C. W. Gordon M.D.

Address #715 S. Stark St

Date July 20th 1906 190

Place of Burial Solomons Island, Md Cafferty Co.

Date July 21 1906.

Undertaker John H. Toadvine

Address 2008 N. Hill St.

HARRY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91957

City of Baltimore, (No. 126 W. Hughes St.; 22nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Emmelle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: don't know (Month) (Day) Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Stephen Emmelle

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Evelyn Bankings

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evelyn Emmelle

(Address) 126 W. Hughes St.

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 — 19 — 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7—16—1906 to 7—17 1906 that I last saw her alive on 7—17 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Chronic = Bronchites

(DURATION) 3 DAYS

Contributory depression of Vitual

(DURATION) 2 DAYS

(Signed) L. D. Dyer M. D.

7—19 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: July 20 1906

UNDERTAKER: John H. Toadvine — ADDRESS: 206 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 91958 Registered No. B .....

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 901 S Wolf St - Miller Barkin house St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Dayers

{ Residence, if in Baltimore, Give Street and Number. } ~~941 S Wolf St~~ 5185 Madeira St

Duration of Residence in Baltimore. 34 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1st 1849

AGE 57 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Dayer

(Address) 304 Register St.

Filed 7/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Lungs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Spidler Coroner M.D.

Address 320 N Greene St

Date July 18 = 1906

Place of Burial St. Pauls

Date July 21 = 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th 91959 Registered No. B 91959

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 N. Chapel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo W. Broughton

{Residence, if in Baltimore, Give Street and Number.} 1305 N. Chapel

Duration of Residence in Baltimore. All his life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Not known about 1864

AGE 44 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo W. Broughton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Kirby

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kellum Broughton (Bro).

(Address) 2133 E. Preston

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 19 1906 that I last saw him alive on July 19 1906, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) A. G. Ryting M.D.

Address 2004 E. Monument St

Date July 20 1906

Place of Burial St Patrick's Cemetery

Date July 21st 1906

Undertaker Geo Russell

Address 1442 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person *cause and date of death.*

Ward 11 — Registered No. B 91960

91960

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 443 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Hill

{ Residence, if in Baltimore, Give Street and Number. } 443 W. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: June 16th 1904

AGE: — years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Leah Hill

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thurry Harvey

(Address) 443 Biddle St

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 15 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Lee Bardman M.D.

Address 700 Ley. av. (Comm.)

Date July 20th 1906

Place of Burial Mt Auburn

Date July 20 1906

Undertaker Alex J. Hennessy

Address 538 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91961

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

Registered No. B 91961

City of Baltimore, (No. 1621 Elizabeth Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George William Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: ~~Oct.~~ July. (Month) 17 (Day) 1905 (Year)

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: William P. Phillips.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Elizabeth Stump.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father & Mother.

(Address) 1621 Elizabeth Lane.

Filed 7/20 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July. (Month) 20 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906. to July 20 1906. that I last saw him alive on July 19 1906., and that death occurred, on the date stated above, at 7.20 a. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 12 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F. Edward Smith M. D.

July 20 1906 (Address) 578 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	July 21 1906.
UNDERTAKER	ADDRESS
C Harle.	115 E West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward Med 91962 Registered No. B 91962

112

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bookman.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday Supt.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 7/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 19 1906 that I last saw h-- alive on July 19 1906, and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Cirrosis of the Liver

(DURATION) DAYS

Contributory (Primary.) Obstruction

(DURATION) DAYS

(Signed) W. W. Dunnus Jr. M.D.

Address Bay View Asylum

Date July 19 1906

Place of Burial St Marys Hampden

Date July 21 1906

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 91963 Registered No. B 91963

CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Thomas Wilkins Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Jones

{ Residence, if in Baltimore, Give Street and Number. } 3457 Eutaw Ave

Duration of Residence in Baltimore. 7 wks -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bl.

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 17 1906

that I last saw h.. alive on July 17 1906

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) 30 DAYS

Contributory (Primary.) Dyspeptic Diarrhea

(DURATION) 10 DAYS

(Signed) J. W. Watkins Jr M.D.

Address 804 Cathedral St

Date July 19 06. 1906

Place of Burial COLLEGE OF P. & S.

Date JUL 20 1906 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

201

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 91964

91964

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 620 - N. Collington Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Margaret Wernsdorfer

{Residence, if in Baltimore, Give Street and Number.} 620 - N. Collington ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Dec. 24 — 1850
AGE	55 years, 6 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Joseph Scharrold
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Margaret Scharrold
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Keller

(Address) 1204 N. Patterson Park Ave

Filed 7/20 1906 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 19 - 1906

I HEREBY CERTIFY, That I attended deceased from July - 17 - 1906 to July 19 1906

that I last saw her alive on July - 18 - 1906

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis

(DURATION) 1 DAY

Contributory (Primary) Gastro enteritis

(DURATION) 12 DAYS

(Signed) Pierre G. Dumesch M.D.

Address 121 - Jackson Square

Date July - 19 - 1906

Place of Burial Holy Redeemer

Date July 21 1906

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

60

CERTIFICATE OF DEATH.

Registered No. B 91965

City of Baltimore, (No. 1117, Binney St St.; I Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Wiliam Kordonski

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 5 (Day) 1906 (Year)

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Kordonski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katarzyna Pakulska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kordonski

(Address) 1117 Binney St

Filed July 21 1906

[illegible] C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 20 1906 that I last saw h[illegible] alive on July 20 1906, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) 9 DAYS

Contributory [illegible]

(DURATION) [illegible] DAYS

(Signed) E. J. [illegible] M.D.

July 21 1906 (Address) 1107 Chapel St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: July 21 1906

UNDERTAKER: Jacob Frailey & Son | ADDRESS: 428 S Bond

deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 91966 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1800 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Wlodarek

{Residence, if in Baltimore, Give Street and Number.} 1800 Aliceanna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: March 24 1906	
AGE: ....years, 3 months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER: Ignatius Wlodarek	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Josephine Stefanek	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatius Wlodarek.

(Address) 1800 Aliceanna St

Filed July 21 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 19 1906

that I last saw h— alive on July 18 1906.

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date July 19 1906

Place of Burial St. Stanislaus

Date July 21 1906

Undertaker Jacob Fiaskowski

Address 428 S Bond St

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 91967

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 657. W Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Gardiner Hubbard

{ Residence, if in Baltimore, Give Street and Number. } 65 W Fayette St

Duration of Residence in Baltimore. Life Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18th 1875

AGE 31 years, 1 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Lester S. Hubbard

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Hazel S. Williams

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Hubbard

(Address) 294 N. 92nd St. N York

Filed July 21 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 12th 1906 to July 20th 1906

that I last saw him alive on July 20th 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary.) Bright's Disease (DURATION) DAYS

(Signed) E. Welch M.D.

Address 607 N. Charles St

Date July 20th 1906

Place of Burial New York N. Y.

Date July 21 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended dying his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91968

Registered No. B

City of Baltimore, (No. 1413 W. Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Carter

(Address) 1413 W Lafayette

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 26 — 1906 to July 19 — 1906

that I last saw h— alive on July 18 — 1906,

and that death occurred, on the date stated above, at 5-30 P. M. The CAUSE OF DEATH was as follows:

Senility, & general debility

Arterio sclerosis

about 8 or 9 months (DURATION) DAYS

Contributory Insanition

three or 4 weeks (DURATION) DAYS

(Signed) Carlton M. Cook M. D.

July 20 1906 (Address) 1101 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 22 1906

UNDERTAKER: William Cook | ADDRESS: 503 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 91969 — Registered No. B 91969

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 Hill St. Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan E. Roby

{Residence, if in Baltimore, Give Street and Number.} 3 Hill St. Woodberry

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 16th 1905

AGE — years, 7 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 3 Hill St. Woodberry

FULL NAME OF FATHER John H. Roby

BIRTHPLACE OF FATHER (State or country) Allegheny Co. Md.

MAIDEN NAME OF MOTHER Minnie Hooper

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Roby.

(Address) 3 Hill St

Filed 7/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from 1 P.M. July 20th 1906 to 3 P.M. July 20th 1906 that I last saw her alive on July 20th 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hours DAYS

Contributory (Primary.)

Cholera infantum (DURATION) 2 DAYS

(Signed) Geo. F. Shower M.D.

Address 1421 Roland Ave

Date July 20th 1906

Place of Burial Greenmount C

Date July 21 1906

Undertaker A. S. Merrihall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 91970 Registered No. B 91970

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2029 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Bartell

{Residence, if in Baltimore, Give Street and Number.} 2029 Canton ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bartell

(Address) 2029 Canton Ave

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St

Date July 21 = 1906

Place of Burial Trinity Cem

Date July 23 rd 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 91971

Ward 7

91971

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2809 N Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Schaub

{Residence, if in Baltimore, Give Street and Number.} 2809 N. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 19 1906

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Frederick Schaub

BIRTHPLACE OF FATHER (State or country): Balt md

MAIDEN NAME OF MOTHER: Maggie Dosh

BIRTHPLACE OF MOTHER (State or country): Balt md

OCCUPATION OF DECEASED: nn

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Maggie Schaub

(Address) 2809 N Baltimore St

Filed 7/21 1906 ✓

HARRY C. ANDREWS, REGISTRAR OF VITAL STATISTICS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 19 1906 that I last saw her alive on July 19 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary) Inanition

(DURATION) 7 DAYS

(Signed) Asa L Wessels M.D.

Address 504 Frederick Ave

Date July 19 1906

Place of Burial Western ✓

Date July 20 " 1906

Undertaker H S Funk

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st 91972 Registered No. B 91972

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2726 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond O. Weiss

{Residence, if in Baltimore, Give Street and Number.} 2726 O'Donnell St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 30th 1905

AGE: ....years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Otto Weiss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Fremen

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Weiss

(Address) 2726 O'Donnell St

Filed 7/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from July 16th 1906 to July 19 1906 that I last saw h.. alive on July 19 1906, and that death occurred, on the date stated above, at 11-.. P.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 10 DAYS

Contributory (Primary) Convulsions (DURATION) 4 hours

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date July 20th 1906

Place of Burial Loudon Park Cem.

Date JUL 21 1906 190..

Undertaker [illegible]

Address 231 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 91973

91973

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 Folsom St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Benj D. Hiss

{ Residence, if in Baltimore, Give Street and Number. } 405 Folsom St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 19th 1831

AGE: 75 years, 5 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Benjamin S Hiss

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Ellen Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F Hiss

(Address) 320 E North Ave

Filed 7/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 19 1906

that I last saw him alive on July 18 1906,

and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate)

General senile decay
asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Brandt M.D.

Address 82 N Carrollton Ave

Date July 20 1906

Place of Burial MOUNT OLIVET

Date JUL 21 1906

BARRY O. ANDREWS, REGIST. CLERK.

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91974 — Registered No. B 91974

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N. Norris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Mack

{Residence, if in Baltimore, Give Street and Number.} 212 N. Norris St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John McCarty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John L. Fields

(Address) 1200 W. Fayette

Filed 7/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 20 1906 that I last saw h alive on July 20 1906, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) J. L. Barnard M.D.

Address 1300 W. Lombard St

Date July 20 1906

Place of Burial St. Peters

Date July 23rd 1906

Undertaker John L. Fields

Address 1200 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91975 — Registered No. B 91975

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1409 Cairo St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Turner

{ Residence, if in Baltimore, Give Street and Number. } 1409 Cairo St

Duration of Residence in Baltimore. 3yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: cd

DATE OF BIRTH: Feb. 1887

AGE: 19 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Prince George Co

FULL NAME OF FATHER: John Turner

BIRTHPLACE OF FATHER (State or country): Prince George Co

MAIDEN NAME OF MOTHER: Sallie Fletcher

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Hall

(Address) 1409 Cairo St

Filed 7/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 20 1906

that I last saw h— alive on July 20 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pleurisy

(DURATION) 21 DAYS

Contributory (Primary.) Anaemia

(DURATION) 7 DAYS

(Signed) L. Norwood M.D.

Address 739 W Fayette St

Date July 20 1906

Place of Burial St Peters

Date July 22nd 1906

Undertaker Adams & Co Undtk

Address 364 W Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 91976 — Registered No. B 91976

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 N. Dallas St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Williams

{Residence, if in Baltimore, Give Street and Number.} 115 N Dallas.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR B

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER — unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Williams

(Address) 115 N Dallas

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Duration) ... DAYS

Contributory (Primary)

(Duration) ... DAYS

(Signed) Edgar Lawrence M.D.

Address Coroners Office

Date July 19 1906

Place of Burial Ashburn

Date July 21st 1906

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 91977 — Registered No. B 91977.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Bennett

{Residence, if in Baltimore, Give Street and Number.} 1016 Fifth Street Highlandtown

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 26th 1900

AGE: ~~5~~ 5 years, 7 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Adam Bennett

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Katie Breininger

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Bennett

(Address) 1016 - 5th St.

Filed 7/21 1906.

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 19 1906 that I last saw him alive on July 19 1906, and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepticus

(DURATION) DAYS

Contributory (Primary.) Abscess of Tonsils

(DURATION) DAYS

(Signed) John McF Buckland M.D.

Address Johns Hopkins Hospital

Date July 20 1906

Place of Burial Mt Carmel Cem.

Date 7/22/06 190

Undertaker J. Herzig & Son

Address 1200 E Oldeans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — 91978 — Registered No. B 91978

136

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Augusta Schiefer.

{ Residence, if in Baltimore, Give Street and Number. } 2231 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 12 1883

AGE: 22 years, 9 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Buggmann

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ellen Roth

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Schiefer

(Address) 2231 Orleans St

Filed 7/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 20 1906 that I last saw h[er] alive on July 20 1906 and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary, or Immediate)

General Peritonitis

(DURATION) DAYS

Pelvic abscess - Pelvic inflamatory disease

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McT. Bergland M.D.

Address Johns Hopkins Hospital

Date July 20 1906

Place of Burial Balto. Cem

Date 7/22/06 190

Undertaker J. Herwig & Son

Address 200 E. Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 91979

City of Baltimore, (No. 1803, Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Loretta Jenkins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 28 (Day) 1879 (Year)

AGE: 27 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Kennedy Jenkins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna Taggart

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Janet Jenkins

(Address) 1803 Barclay St

Filed 7/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 20 1906

that I last saw her alive on July 19 1906,

and that death occurred, on the date stated above, at 7.30 A.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Louis J. McComas M. D.

July 21 1906 (Address) 416 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: July 23 1906

UNDERTAKER: E. J. Weidefeld — ADDRESS: 243 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 91980 — Registered No. B 91980

CERTIFICATE OF DEATH.

(Place of Death.) No. 442 E. 22nd St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clotilde H. Frenette

{Residence, if in Baltimore, Give Street and Number.} 442 E. 22nd St.

Duration of Residence in Baltimore, 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 5 1903

AGE: ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Leonhard Frenette

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Black

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonhard Frenette

(Address) 442 E 22nd St

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 7:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Congestion.

..... (DURATION) ..... DAYS

Contributory (Primary) Enteritis

..... (DURATION) ..... DAYS

(Signed) Charles Luttrell M.D.

Address 1818 N. Charles Corner

Date July 20 1906

Place of Burial Holy Redeemer

Date July 21 1906

Undertaker E. A. Kirkfield Jr

Address 2113 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 91981 Registered No. B 91981

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2128 Gambridge St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lewis M. Richter

{ Residence, if in Baltimore, Give Street and Number. } 2128 Gamebridge

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED C

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lewis Richter

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rosang Finka

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Richter

(Address) 2128 Gamebridge

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 20 1906 that I last saw him alive on July 19 1906, and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) O L Long M.D.

Address 2429 Gaetano

Date July 20 1906

Place of Burial Old Christmas

Date July 21 1906

Undertaker Frank Grach

Address 1904 Holland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 91982 Registered No. B [illegible]

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 S. Hare — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdelene Lightner

{Residence, if in Baltimore, Give Street and Number.} 805 S. Hare St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	July 11 1906
AGE	0 years, 0 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	William Lightner
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary E. Birmingham
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lightner

(Address) 805 S. Hare St.

Filed 7/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to July 20 1906 that I last saw h[illegible] alive on July 20 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility (DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave

Date July 20 1906

Place of Burial St. Patricks ✓

Date July 21st 1906

Undertaker E. J. Fanning

Address 1938 E. Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 91983 Registered No. B 91983

CERTIFICATE OF DEATH. 1906

(Place of Death.) No. 647 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Burgess

{ Residence, if in Baltimore, Give Street and Number. } 647 Paca St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Burgess

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Malinda Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Burgess

(Address) 647 Paca

Filed 7/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-20 1906

I HEREBY CERTIFY, That I attended deceased from 7-7 1906 to 7-20 1906 that I last saw h[illegible] alive on 7-20 1906, and that death occurred, on the date stated above, at 12 o'clock M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease

Apoplexy (DURATION) 11 days

Contributory (Primary.) Brights Disease (DURATION) 11 DAYS

(Signed) G. W. Kennard M.D.

Address 708 Ensor St

Date 7-21 1906

Place of Burial Mt Auburn

Date July 23 1906

Undertaker Abel Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 91984 — Registered No. B 91984

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1829 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Hartman

{Residence, if in Baltimore, Give Street and Number.} 1829 Harford Ave.

Duration of Residence in Baltimore. City

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 26th 1905

AGE: ..... years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Hartman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie Peters

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1829 Harford ave.

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to July 21 1906 that I last saw him alive on July 20 1906 and that death occurred, on the date stated above, at 12.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Entero Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. C. Pearce M.D.

Address 1238 Green st

Date July 21 1906

Place of Burial Holy Redeemer Cemetery

Date July 21 1906

Undertaker Henry Hoeke & Son

Address 1301 E. Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPT.

Ward 14 — 91985 — Registered No. B 91985

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Brick

{Residence, if in Baltimore, Give Street and Number.} St. Vincts Inf asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W.
DATE OF BIRTH: Apr. 29, 1906	
AGE: ~~years~~ 2 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: ✓	
BIRTHPLACE OF MOTHER (State or country): ✓	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20, 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to July 20 1906

that I last saw him alive on July 19 1906,

and that death occurred, on the date stated above, at 10 30 a. M. CAUSE OF DEATH (Secondary or Immediate)

acute gastro enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N. Carrollton ave

Date 7-21- 1906

Place of Burial New Cathedral Cem

Date 7-21- 1906

Undertaker M Faber & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 91986 — Registered No. B 91986

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 N Washington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Harvey Kennedy

{Residence, if in Baltimore, Give Street and Number.} ~~#~~ Mc Keesport Pa

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 14 1905

AGE ~~9~~ years, 9 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) McKeesport Pa

FULL NAME OF FATHER Wm W Kennedy

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Susie Harvey

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm W Kennedy

(Address) Mc Keesport Pa

Filed 7/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 11 A.M. 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 19 1906 that I last saw her alive on July 19 1906 and that death occurred, on the date stated above, at 11.05 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo Colitis

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Haas M.D.

Address 1901 W Fayette St

Date July 20 1906

Place of Burial Mt Olivet Cem

Date July 21 1906

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 91987

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Aged Men Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Askey

{ Residence, if in Baltimore, Give Street and Number. } Lexington & Calhoun N.W. Cor.

91987

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH July 31 1830

AGE 75 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Askey

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susan Atkins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Planter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. L. Jones Supt Home

(Address)

Filed 11 20 th 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 20 1906 that I last saw h.. alive on July 18 1906 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 14 DAYS

Con'ributory (Primary.) Apnoea

(DURATION) 1 DAYS

(Signed) H Norwood M.D.

Address 939 n Fayette St

Date July 21 1906

Place of Burial London Park

Date July 22 1906

Undertaker Geo. J. Smith & Co.

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. Fort McH Henry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Janet Nelson

{ Residence, if in Baltimore, Give Street and Number. } Fort McHenry 91988

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 28 1906

AGE — years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Kent Nelson

BIRTHPLACE OF FATHER (State or country) Ill.

MAIDEN NAME OF MOTHER Edith Wills

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edith Nelson

(Address) Fort McH. Henry

Filed July 21st 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Laich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 28th 1906 to July 19th 1906 that I last saw h er alive on July 18th 1906, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

3 Months (DURATION) DAYS

Contributory (Primary.)

Marasmus (DURATION) DAYS

(Signed) J. Morris Clemons M.D.

Address 123 W. Chase St

Date July 20th 1906

Place of Burial Greenmount

Date July 21 1906

Undertaker F. A. Kranse & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9th — Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 Broadway Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Mosser

91989

{Residence, if in Baltimore, Give Street and Number.} 115 Broadway ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10 1838

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Fehlaret

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Modinger

(Address) 115 Broadway Ave

Filed 7/21st 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from July 12th 1906 to July 19th 1906 that I last saw h alive on July 18th 1906, and that death occurred, on the date stated above, at 9.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia d
Uremia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic nephritis (DURATION) 6 0 DAYS

(Signed) H. O. Brown M.D.

Address 663 Gorsuch ave

Date July 21st 1906

Place of Burial Mount Carmel Cem

Date July 22 1906

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 91990

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2415 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Margaret A Bowle

{ Residence, if in Baltimore, Give Street and Number. } 2415 Woodbrook Ave

91990

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 16th 1869

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John McDonald

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Flaherty

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph L Bowle

(Address) 2415 Woodbrook Ave

EHd

7/21st 1906 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to July 19th 1906

that I last saw her alive on July 19 1906,

and that death occurred, on the date stated above, at 11.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation, after Grippe.

(DURATION) 60 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) Thomas J Talbot M.D.

Address 2305 Penna Ave

Date July 21st 1906

Place of Burial New Cathedral

Date July 23rd 1906

Undertaker E M Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 91.991

CERTIFICATE OF DEATH.

144

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Abraham Decoreitch

{ Residence, if in Baltimore, Give Street and Number. } 1125 Aisquith St.

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abe Decoreitch

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anna Katherine

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abe Dukemeirch

(Address) 1125 Aisquith St

Filed

....., 190.....

Registrar

See following

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 16th 1906 to July 26th 1906

that I last saw him alive on July 25th 1906

and that death occurred, on the date stated above, at 8.30

M. CAUSE OF DEATH (Secondary or Immediate

Post-Peritoneal Abscess

(DURATION) 6 DAYS

Contributory (Primary.) Toxaemia

(DURATION) 12 DAYS

(Signed) Chas. Ragley, M.D.

Address Hebrew Hospital

Date July 26th 1906

Place of Burial Washington Park

Date July 29 1906

Undertaker Max Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 91991 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Deconveitch

{Residence, if in Baltimore, Give Street and Number.} 1125 Asquith St. — 91991

Duration of Residence in Baltimore, Sixteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Elke Dutkevevich

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Nathans

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elke Dutkevevich

(Address) 1125 Asquith St

Filed 7/21st. 1906 — HARRY O'ANDREWS, PERMIT CLERK, Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 15th 1906 to July 25th 1906 that I last saw h im alive on July 21st 1906, and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post Peritoneal abscess

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) Dr. Baglund M.D.

Address Hebrew Hospital

Date July 21st. 1906

Place of Burial Washington Cemetery

Date July 22, 1906

Undertaker Max Leinwood

Address 1138 Lovest.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 91992 Registered No. B 91992

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 619 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lewis

{ Residence, if in Baltimore, Give Street and Number. } 619 S Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept 14 1881

AGE 14 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Lewis

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Emma Lewis

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Lewis

(Address) 619 S Bond St

Filed July 21 1906 HARRY O. ANDREWS, PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 21 1906

that I last saw h alive on July 21 1906,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 E Baltimore

Date July 21 1906

Place of Burial Holy Redeemer July 22 1906

Undertaker Wendell Dysart

Address 320 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 91993 Registered No. B 91993

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 416 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Thomas Reis

{Residence, if in Baltimore, Give Street and Number.} 416 N. Gilmor

Duration of Residence in Baltimore. 34

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Feb 25 1852

AGE 54 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Thos Reis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jane

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Reis

(Address) 416 N Gilmor

Filed July 21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from Jly 20 1906 to Jly 20 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1845 a m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) DAYS

(Signed) E Grant Jones M.D.

Address Cor Lanvale & Cathedral

Date July 21 1906

Place of Burial Cath. Mt Olivet

Date July 21 1906

Undertaker W. J. Patterson

Address 1100 Caltron

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 91994

City of Baltimore, (No. 2214 Ettings St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie D Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo Bure

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bure

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Brown

(Address) 2214 Ettings Ave

Filed July 21 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 19 1906

that I last saw h 2 alive on July 19 1906,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Cerebritis

(DURATION) DAYS

Contributory Heat Prostration

(DURATION) DAYS

(Signed) J H Mellenie M. D.

July 21 1906 (Address) 1303 W Lan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Cut Auburn Cem — DATE OF BURIAL: July 21 1906

UNDERTAKER: Wm J Johnson — ADDRESS: 1100 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

91995

Registered No. B.....

City of Baltimore, (No. 500, Biddle Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in an Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rubie Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Oct. 9th 1905
(Month) (Day) (Year)

AGE: 1 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Inft.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Young

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Jones

(Address) 500 Biddle Alley

Filed July 21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

I. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Wm. Baldwin, Coroner M. D.

July 21st 1906 (Address) 700 Eag. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: July 21. 1906

UNDERTAKER: R A Elliott

ADDRESS: 506 Rose St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 91996 Registered No. B 91996

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1066 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. E Snell

{Residence, if in Baltimore, Give Street and Number.} 1066 Raborg St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 2 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Judie Snell

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emma Scritner

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Scritner

(Address) 1066 Raborg St

Filed July 21 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 20 1906

that I last saw h-r alive on July 20 1906

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronch- Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary.) Acetonemia

(DURATION) 4 DAYS

(Signed) W Norwood M.D.

Address 739 N Fay Ellen St

Date July 20 1906

Place of Burial Laurel Cemetery

Date July 22 1906

Undertaker R A Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 9199

Ward 14

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Appelbeck (Appelbeck) City Hospital

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 15 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Co

(Address) S. Gay St

Filed July 2 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 21 1906

that I last saw h in alive on July 21 1906,

and that death occurred, on the date stated above, at 11:50 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Dysentery (Entero Colitis) (DURATION) 15 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 21. 1906.

Place of Burial 1st Evangelical

Date July 22 06

Undertaker H. Sander & Sons

Address 1710 Caulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B 91998

City of Baltimore, (No. 716, W. West St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Collinan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Sullivan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Choff

(Address) 716 W. West st

Filed July 21 1906 HARRY O'T ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 21 1906 that I last saw her alive on July 20 1906, and that death occurred, on the date stated above, at 2.14 A.M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Mary L. Browne M. D.

July 21 1906 (Address) 115 W Bare St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Newport News Va. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Newport News Va. DATE OF BURIAL: July 21 1906

UNDERTAKER: F. A. Krause & Bro ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name,** sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 91999 Registered No. B 91999

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1830 Ramsey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Kaiser

{ Residence, if in Baltimore, Give Street and Number. } 1830 Ramsey

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Jan 8 1906

AGE ..... years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Franklin Kaiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophie Peters

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin Kaiser

(Address) 1830 Ramsey

Filed July 21 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 20 1906 that I last saw h in alive on July 20 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Diarrhoea & Enteritis

(DURATION) 1 DAYS

Contributory (Primary.) Heart

(DURATION) DAYS

(Signed) Walter A Leet M.D.

Address 2017 Williams Ave

Date July 21 1906

Place of Burial Mt. Carmel

Date 22. July 1906

Undertaker C. H. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

Registered No. B 92000

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. McWilliams

{Residence, if in Baltimore, Give Street and Number.} 2018 Eastern Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 1854
AGE	52 years, 3 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Robert McWilliams
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Catherine Kelly
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Cleary

(Address) 2018 Eastern Ave

Filed July 22nd 1906

DARBY O. ANDREWS, PERMIT CLERK

Registrar

C. & P. & C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/21 1906

I HEREBY CERTIFY, That I attended deceased from 7/20 1906 to 7/21 1906 that I last saw h-im alive on 7/21 1906, and that death occurred, on the date stated above, at 11.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Josephs Hospital

Date 7/21 1906

Place of Burial St. Patricks Cem.

Date July 23rd 1906

Undertaker Germanus Frame

Address Davis & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ak & Canvas Brown July 21/06

Ward .....

Registered No. B 92001

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 591 Orchard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Butler

{Residence, if in Baltimore, Give Street and Number.} 591 Orchard st.

Duration of Residence in Baltimore. unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: October 25 1822

AGE: 65 years, 7 months, 27 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St. Marys Co. Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Sarah Williams

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Cook & washwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Pane

(Address) 591 Orchard St

Filed

Jul 22 1906

Rcvd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 21 1906 that I last saw her alive on July 21 1906, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

— (DURATION) — DAYS

Con'ributory (Primary.) Nephritis

— (DURATION) — DAYS

(Signed) Arthur M Shipley M.D.

Address Johns Hopkins Hospital

Date July 21 1906

Place of Burial St Peters Cemetery

Date July 22 1906

Undertaker Felix B. Pope

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92002

92002
105

CERTIFICATE OF DEATH.

(Place of Death.) No. W Lemas Wilkins Sanitarium St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harry Gies

{ Residence, if in Baltimore, Give Street and Number. } 1127 E Lombard St

Duration of Residence in Baltimore. 8 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~single~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Hyman Gies.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bailey Minkovitch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 118 Abermale - st.

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 21 1906 that I last saw h[illegible] alive on July 21 1906 and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate)

Ileo colitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Parkinson M.D.

Address 814 Cathedral St.

Date July 21-06 1906

Place of Burial Philips Rd Road Dale

Date July 22, 1906

Undertaker Max Levinson

Address 1138 Lowst.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 92093

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Haubert St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Maria Wagner

{Residence, if in Baltimore, Give Street and Number.} 14 Haubert St

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 30 1906

AGE ..... years, 1 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER (Matthias) Michel Vogel

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Maria Wagner

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED –

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Matchias

(Address) 1410 Haubert St

Filed July 21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 20 1906

that I last saw her alive on July 20 1906

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility (DURATION)

Contributory (Primary.) Premature birth (DURATION)

(Signed) Mahn

Address 1510 E. Fort Av.

Date July 21 '06

Place of Burial Holy Cross (acc.)

Date July 22nd 1906

Undertaker G. Harle

Address #115 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 92004 Registered No. B 92004

156

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo O. Pennell

{Residence, if in Baltimore, Give Street and Number.} 1506 McHenry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH	1855
AGE: 57 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed July 22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 19 1906

that I last saw h... alive on July 19 1906

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chloroform
Narcosis
(DURATION) ... DAYS

Contributory (Primary.) Suicide
Inhaling Chloroform
(DURATION) ... DAYS

(Signed) C. Frank Jones M.D.
Coroner

Address ...

Date July 20 1906

Place of Burial Balto Cem

Date July 22 1906

Undertaker Robt. Brooks & Son

Address Calhoun & Hollins Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 92005

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 W West St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hattie Feehely

{ Residence, if in Baltimore, Give Street and Number. } 125 W West

Duration of Residence in Baltimore. 20 years Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Jan 30. 1870

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) -

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) M. J. Feehely.

(Address) 125, W. West St.

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 — 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 21 1906 that I last saw h[er] alive on July 19 1906, and that death occurred, on the date stated above, at 1230 a.m. CAUSE OF DEATH (Secondary or Immediate)

(a) Uremia

(DURATION) DAYS

Contributory (Primary) Nephritis. —

(DURATION) DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date July 21 — 1906

Place of Burial Mt. Olivet Cem

Date July 23 1906

Undertaker D and M.J. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B 92006

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sister M Matheu (Graef)

{Residence, if in Baltimore, Give Street and Number.} Notre Dame Convent Charles St Ave

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 1859

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Matthias Graef.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER I do not know.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mary F. Florentine

(Address) Notre Dame of Maryland Charles St. Ave. Baltimore

Filed July 27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 21 1906 that I last saw h[er] alive on July 21 1906 and that death occurred, on the date stated above, at 12.01 Noon. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 4 DAYS

Contributory (Primary) Acute gangrenous appendicitis (DURATION) 4 DAYS

(Signed) Bernard Heil M.D.

Address St Josephs Hosp Balto

Date July 21 1906

Place of Burial Greenmount (Private)

Date July 23d 1906

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B 92007

City of Baltimore, (No. 1509, N Bethel St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara M S Spencer

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug (Month) 3 (Day) 1903 (Year)
AGE	2 years, 11 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Geo. W. Spencer Jr.
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary A. Peters
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Spencer Jr.

(Address) 1509 N. Bethel St.

Filed Jul 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 20 1906 that I last saw her alive on July 20 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Acute Ileo Colitis

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) A. D. Macdonald M. D.

July 21 1906 (Address) 1501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 23 1906.
UNDERTAKER	ADDRESS
A. Feink & Son	915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B 92008

City of Baltimore, (No. 1322, N. Lafayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Ziegler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Feb (Month) 28 (Day) 1831 (Year)

AGE: 75 years, 4 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Jacob Ziegler

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Sarah Meredith

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: (Shormaker.)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hull

(Address) 214 E Barney

Filed July 22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 14, 1906 to July 20 1906

that I last saw h was alive on July 20 1906

and that death occurred, on the date stated above, at 6:30 P. M. The CAUSE OF DEATH was as follows:

Old age.

(DURATION) ? DAYS

Contributory Diarrhoea

(DURATION) 10 DAYS

(Signed) J Wesley Cole M. D.

July 21 1906 (Address) 1735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 22 1906
UNDERTAKER	ADDRESS
E. J. Fanning	1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92009

City of Baltimore, (No. 1714 Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Belle B Brashears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1864 (Year)

AGE: 42 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): A. A. Co Md

FULL NAME OF FATHER: John W. Brashears

BIRTHPLACE OF FATHER (State or country): A. A. Co Md

MAIDEN NAME OF MOTHER: Wilhelmina Gardner

BIRTHPLACE OF MOTHER (State or country): A. A. Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Owens

(Address) 1714 Harlem Ave

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1905 to July 1906 that I last saw h[er] alive on July 10 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Uterus
Following Carcinoma
Dysentery
(DURATION) 4 Yrs DAYS

Contributory Cachexia
(DURATION) One Week DAYS

(Signed) Jos H Branham M. D.

July 24 1906 (Address) 2217 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days.

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Upper Marlboro | DATE OF BURIAL: July 23 1906

UNDERTAKER: Wm J. Pickner Sons | ADDRESS: Baltimore Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 — 92010 — Registered No. B 92010

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 W Hamburg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward L Fink

{Residence, if in Baltimore, Give Street and Number.} 1109 W. Hamburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White.

DATE OF BIRTH Nov- 7 1905

AGE ..... years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas H Fink

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Turner

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas H Fink

(Address) 1109 W Hamburg St

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 21 1906 that I last saw h[illegible] alive on July 20 1906, and that death occurred, on the date stated above, at 5 A.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

10 hours (DURATION) .....

Contributory (Primary.) Meningitis

(DURATION) 15 DAYS

(Signed) G B. Freeman M.D.

Address 623 Columbia

Date July 21 1906

Place of Burial Mt Calvert Cemetery

Date July 23 - 06 1906

Undertaker Wm J Turner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92011

Ward ..... Registered No. B 92011

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Ettring St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augustus Crowdy

{Residence, if in Baltimore, Give Street and Number.} 1133 Ettring St.

Duration of Residence in Baltimore. 39 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ——— ——— 1852

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Basil Crowdy

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Louisa Brown

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Crowdy

(Address) 1133 Ettring St.

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906.

I HEREBY CERTIFY, That I attended deceased from July 26th 1906 to July 20 1906.

that I last saw him alive on July 20 1906.

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease (DURATION) 90 DAYS

Contributory (Primary.) Gastritis (DURATION) 60 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave

Date July 21st 1906

Place of Burial Mt Auburn

Date July 23 1906

Undertaker Jno H. Toadvine

Address 206 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 920122 Registered No. B 920122

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1016. Shields alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julia Miller

{ Residence, if in Baltimore, Give Street and Number. } 1016 Shields alley

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1863
AGE	43 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Montgomery Co Md
FULL NAME OF FATHER	Danl Dorsey
BIRTHPLACE OF FATHER (State or country)	Montgomery Co Md
MAIDEN NAME OF MOTHER	Martha —
BIRTHPLACE OF MOTHER (State or country)	Montgomery Co Md
OCCUPATION OF DECEASED	Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Downey

(Address) 1016 Shields al

Filed July 22 1906 Reid

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 16th 1906 to July 20 1906, that I last saw h[illegible] alive on July 19 1906, and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy (DURATION) 30 DAYS

Contributory (Primary) Endocarditis (DURATION) 90, DAYS

(Signed) Edward E. Mackinzie, M.D.

Address 1339 W. North Ave.

Date Baltimore July 20th 1906.

Place of Burial Mt Auburn

Date July 22 1906

Undertaker Frank N. Toadvine

Address 1000 Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

Registered No. B 92013

City of Baltimore, (No. 308 Forest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lestina Lamason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry Lamasion

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) 308 Forest St—

Filed Jul 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 7/21 1906 to 7/21 1906

that I last saw h[illegible] alive on 7/21/06 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) ..... DAYS

Contributory Cerebral Asthenia

(DURATION) ..... DAYS

(Signed) D. C. Hatzoff M. D.

7/22 1906 (Address) 114 Aisquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury C

DATE OF BURIAL: July 23rd 1906

UNDERTAKER: Wm J G Jackson

ADDRESS: 1421 Bullitt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 92014 — Registered No. B 92014

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Campbell St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Nash

{ Residence, if in Baltimore, Give Street and Number. } 612 Campbell St

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: March 25-th 1905

AGE: 1 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 612 Campbell St

FULL NAME OF FATHER: Wm Nash

BIRTHPLACE OF FATHER (State or country): Balto., Md.

MAIDEN NAME OF MOTHER: Hattie Samples

BIRTHPLACE OF MOTHER (State or country): Somerset Co, Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Nash

(Address) 612 Campbell St.

Filed July 22 1906

Geo — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1906.

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 20 1906 that I last saw her alive on July 20 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Scald burn from hot Starch on the Chest, Abdomen and Limbs — (DURATION) 2/3 DAYS

Contributory (Primary.) Acute Pulmonary Congestion — (DURATION) 1 DAY

(Signed) C. L. Tuckalo, M.D.

Address 504 S. Paca St

Date July 21-st 1906.

Place of Burial Mt Auburn Cemetery

Date July 22 1906

Undertaker Geo. H. Hooper.

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 92015 — Registered No. B 92015

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Aisdre St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Hobart Kraft.

{Residence, if in Baltimore, Give Street and Number.} 1435 Aisdre St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 14 1906

AGE — years, — months, 37 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Delta city.

FULL NAME OF FATHER Augustus Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bertha Koffenberger

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Parent

(Address) 1435 Aisdre

Filed Jy 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from 7.7 1906 to 7.21 1906

that I last saw him alive on 7.21 1906

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L Turnington M.D.

Address 610 E Fort ave

Date July 21 1906

Place of Burial Cedar Hill

Date July 22 1906

Undertaker Jos. Stumtebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24th 92016 Registered No. B 92016

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1437 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George M. Bennett

{Residence, if in Baltimore, Give Street and Number.} 1437 Decatur St.

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1844

AGE 62 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Robert Bennett

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) U. S.

OCCUPATION OF DECEASED Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Bennett

(Address) 1437 Decatur St.

Filed July 22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 20 1906 that I last saw him alive on July 20 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery (DURATION) 30 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. Mahn M.D

Address 1510 E. Fort Ave.

Date July 21 1906

Place of Burial Cedar Hill

Date July 23d 1906

Undertaker Jos. Stuntebeck

Address 135 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92017

City of Baltimore, (No. 1228, Ernst alley, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward C Pearson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 29 (Month) (Day) 1905 (Year)

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Andrew J Pearson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella M Jones

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J Pearson

(Address) 1228 Ernst

Filed July 22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from on July 20 1906 to — 190—

that I last saw him alive on July 20 1906,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 7 DAYS

Contributory Pneum

(DURATION) 1/2 DAYS

(Signed) J H Grimhaw M. D.

July 20 1906 (Address) 1313 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: July 23 1906

UNDERTAKER: Jos. Stuntebeck

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92018 Registered No. B 92018

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2416 Fait ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary G. Pitz

{Residence, if in Baltimore, Give Street and Number.} 2416 Fait ave-

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mally COLOR White

DATE OF BIRTH Dec. 5th 1905

AGE ..... years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. M. Pitz

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Seibert

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M Pitz

(Address) 2416 Fait Ave

Filed July 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 20 1906 that I last saw h alive on " 20 1906 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

1 wk (DURATION) DAYS

Contributory (Primary) -

(DURATION) DAYS

(Signed) J. H. Brusso M.D.

Address 913 Park St

Date July 22 1906

Place of Burial St. Pauls Ceme.

Date July 22 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto St. and 1703-1705 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 92019

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Stilson

{ Residence, if in Baltimore, Give Street and Number. } Bel Air Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1869

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Joseph's Hos

(Address) Brodie & Hoffman

Filed July 22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 22 1906 that I last saw him alive on July 21 1906, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 14 DAYS

Contributory (Primary) Typhoid Fever (DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date July 22 1906

Place of Burial Bel Air Maryland

Date July 24th 1906

Undertaker Evans & Spence

Address 100 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 92020 Registered No. B 92020

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 S. Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter C. Wheary

{Residence, if in Baltimore, Give Street and Number.} 327 S. Bruce

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feb 21st 1900
AGE	6 years, 5 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Geo. W. Wheary
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Maggie Bunce
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Wheary

(Address) 327 S. Bruce

Filed July 22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 1 ... M. CAUSE OF DEATH (Secondary or Immediate)

Struck + Knocked down by Car # Wilkinson U.R.T. Co July 16 06 Lasted to Drinkers Sanitarium (DURATION) 4 DAYS

Contributory (Primary.) Renal Colic + Acute Nephritis (DURATION) 4 DAYS

(Signed) G. Frank Jones M.D. Coroners Surg

Address ...

Date July 20 1906

Place of Burial London Park Cemetery

Date Monday July 23rd 1906

Undertaker J. B. Stiepeet

Address #2446 N. Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B 92021

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1535 N. Eamore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Norman Burton

{Residence, if in Baltimore, Give Street and Number.} 1535 N. Eamore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 29th 1904

AGE ..... years, 3 months, 22 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Marian F. Burton

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lottie Dawson

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marian Burton

(Address) 1535 Eamore St

Filed July 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1906

I HEREBY CERTIFY, That I attended deceased from May 21st 1906 to July 21st 1906

that I last saw her alive on July 21st 1906

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Exhaustion

(DURATION) 24 DAYS

Contributory (Primary.) Gastro Enteric

Indigestion (Acute) (DURATION) 7 DAYS

(Signed) Neville Stewart M.D.

Address 122 W. 23rd St

Date July 22nd 1906

Place of Burial Glen Arm Md

Date July 23 1906.

Undertaker Wm Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 92022

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Henry P. Schroeder

{Residence, if in Baltimore, Give Street and Number.} 1304 Harlem Ave.

Duration of Residence in Baltimore. 24

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1 — 8 1882

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Ernest Paul Schroeter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emma Eisenmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Book-Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

...mant: Mollie Estelle Schroeter

...dress 1304 Harlem Ave.

...06 HARRY C. ANDREWS, PERMIT CLERK.

...Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 22 1906 that I last saw h... alive on July 22 1906, and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date July 22 1906

Place of Burial London Park Cem

Date July 25 1906

Undertaker John A. Daiger

Address 220 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B 92023

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1209 Hare St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Michael Malczewski

{Residence, if in Baltimore, Give Street and Number.} 1209 Hare st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Balto. July 7 1906

AGE: ..... years, ... months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Malczewski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Malczewski

(Address) 1209 Hare St

Filed July 23rd 1906 HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906

I HEREBY CERTIFY, That I attended deceased from July 19th 1906 to July 21st 1906 that I last saw h[illegible] alive on July 21st 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 2 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. N. Kelley M.D.

Address 2 Hudson St

Date July 22nd 1906

Place of Burial St Mary Cemetery

Date July 23 1906

Undertaker Wendell Dypple & S[illegible]

Address 330 S Bond St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 Registered No. B 92024

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 alice ann Stephen Jamroski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name

{Residence, if in Baltimore, Give Street and Number.} 1626 alice ann st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH Balto — 1906

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stephen Jamroski

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Jamroski

(Address) 1626 Alice ann St

Filed July 23 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

a 4 6 B

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 22 1906 that I last saw h— alive on July 22 1906, and that death occurred, on the date stated above, at 1

11. CAUSE OF DEATH (Secondary or Immediate)

acute meningitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date July 22 1906

Place of Burial St Mary Cemetery

Date July 23 1906

Undertaker Wedidell Dippel & B

Address 320 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B 92025

City of Baltimore, (No. 515, Biddle Al, ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret House

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... Year)

AGE: 70 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M House

(Address) 515 Biddle alley

Filed July 23 1906 — WM. G. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 21 1906, that I last saw him alive on July 21 1906, and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Exhaustion from Diarrhoea (DURATION) 5 DAYS

Contributory Senility + Heat (DURATION) ..... DAYS

(Signed) Wedw. Magruder M. D.

July 23 1906 (Address) 922 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	7/23 1906
UNDERTAKER	ADDRESS
Wm J Schilling	9 S. Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — 92026 — Registered No. B 92026

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Scanlon

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor Preston & Valley st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1825

AGE: 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Scanlon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Keraghl

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Walley str:

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21st 1906

I HEREBY CERTIFY, That I attended deceased from Record 190 to 190

that I last saw h.im alive on July 18 1906,

and that death occurred, on the date stated above, at 1.15 p.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Vanes M.D.

Address 1133 Valley st

Date July 22 1906

Place of Burial New Cathedral Cemetery

Date July 23rd 190

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 7 — 92027 — Registered No. B 92027

CERTIFICATE OF DEATH.

(Place of Death.) No. 601 W. 4th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Yeager

{Residence, if in Baltimore, Give Street and Number.} 601 W. 4th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 12th 1868

AGE: 38 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Aug Yeager

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Yeager

(Address) 601 W. 4th St

Filed 7/23 1906

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from May 14 1906 to July 21 1906

that I last saw h— alive on July 20 1906

and that death occurred, on the date stated above, at 9 —M.

CAUSE OF DEATH (Secondary or Immediate.)

Inflation

(DURATION) 60 DAYS

Con'tributory (Primary.) Unknown (DURATION) 6 DAYS

(Signed) Edward Krumpf M.D.

Address 817 Lombard

Date July 21 1906

Place of Burial Mt. Olive Cemetery.

Date July, 23, 1906

Undertaker Geo. Lyssimbach & Son

Address 647 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 92028

City of Baltimore, (No. 538, E 22nd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Catherine Selway

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 1 (Day) 1905 (Year)

AGE: ..... years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James H. E Selway

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary A Krajeski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. E Selway

(Address) 538 E 22nd St

Filed 7/23 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 21 1906

that I last saw her alive on July 21st 1906 at 10 A.M.

and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) 21 DAYS

Contributory Exhaustion and emaciation (DURATION) 7 DAYS

(Signed) H Stanley Gorsuch M. D.

7/23 1906 (Address) 501 E 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK	JUL 23 1906
UNDERTAKER	ADDRESS
	Armstrong Denny Co., 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 — 92029 — Registered No. B 92029

CERTIFICATE OF DEATH. 69

(Place of Death.) No. 307 N. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Owen Maynard

{Residence, if in Baltimore, Give Street and Number.} Baltimore Md

Duration of Residence in Baltimore. 24 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: March 29th 1882

AGE: 24 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard D. Maynard

BIRTHPLACE OF FATHER (State or country): Illinois

MAIDEN NAME OF MOTHER: Mary M. Hilleary

BIRTHPLACE OF MOTHER (State or country): Prince George Co. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard D. Maynard

(Address) 307 N. Lanvale St

Filed 7/23 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to July 21 1906 that I last saw h[e] alive on July 20th 1906 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

~~Epilepsy~~ ~~with~~ Coma

Three (DURATION) DAYS

Contributory (Primary.) Epilepsy

Many years (DURATION) DAYS

(Signed) J. E. Atkinson M.D.

Address 619 Cathedral St

Date July 21st 1906

Place of Burial St. Thomas Garrison Forest Baltimore Co Md

Date July 23 1906

Undertaker Stewart & Mowen

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE

Dr Atkinson

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 — 92030 — Registered No. B 92030

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 E. Barney. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Zang.

{Residence, if in Baltimore, Give Street and Number.} 234 E. Barney St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: January 6 1905

AGE: 1 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles Zang.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Margaret Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Zang (Father)

(Address) 234 E. Barney St.

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Death

Eclampsia

Drank Coal Oil

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Otto McEnnulardt M.D.

Address Coroner

Date July 23 1906

Place of Burial Holy Cross R.R.Co

Date July 23 1906

Undertaker Jos. Stuntebeck

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92031

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92031

Registered No. B.....

City of Baltimore, (No. 1733 Eastern ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Hennings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 22nd (Day) 1847 (Year)

AGE: 59 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hennings

(Address) 1234 E. Chase St

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 20th 1906 that I last saw her alive on July 20th 1906, and that death occurred, on the date stated above, at 3:15 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) ..... DAYS

Contributory Cardiac Exhaustion

(DURATION) ..... DAYS

(Signed) John Toth M. D.

July 21 1906 (Address) 2027 Eastern ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: 7/23 1906

UNDERTAKER: J. Herring & Son

ADDRESS: 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92032

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92032

City of Baltimore, (No. 604, Offord av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H. Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: August (Month) 14 (Day) 1857 (Year)

AGE: 48 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Steven C. Carroll

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E. Campbell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Letter Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elbert T. Carroll

(Address) 604 Offord av.

Filed 7/23 1906 Registrar

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 20th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to July 20th 1906 that I last saw him alive on July 20th 1906, and that death occurred, on the date stated above, at 10.30 a. m. The CAUSE OF DEATH was as follows:

Sepsis following a series of abscesses beginning with one in peritonsilar region followed by others in different portions of the body — (DURATION) 10. days

Contributory Peritonsilar abscess followed by otter Exhaustion (DURATION) 79 DAYS

(Signed) William J. Pilsbury M. D.

July 21st 1906 (Address) 2801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wood Lawn	July 23 1906
UNDERTAKER	ADDRESS
Wm Eckhardt	E. S. Front St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...Baltimore.

Ward 5

92033 Registered No. B 92033

CERTIFICATE OF DEATH.

16th

(Place of Death.) No. American Brewery St. (Hillen St)

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Kraft

{Residence, if in Baltimore, Give Street and Number.} 2017 Bauerschmidt Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH December 11th 1881

AGE 24 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, or ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Conrad Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Bauerschmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Brewer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kraft

(Address) 1128 Hillen st

Filed 7/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from ...1906 to ...1906

that I last saw h... alive on ...1906

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

from fall out of window.

(DURATION) DAYS

Contributory (Primary.) Accidental

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner

Date July 21 1906

Place of Burial Baltimore Cemetery

Date July 24th 1906

Undertakers George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

112

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92034

City of Baltimore, (No. (1720) 1720, Lamont av St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ann McComas.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 6 (Month) 1833 (Day) (Year)
AGE	72 years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	John Lydell
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Alice Mathews

(Address) No. 1320 Lamont Ave

Filed 7/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 22, 1906 that I last saw her alive on July 21, 1906, and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Hepatic Cirrhosis & Nephritis

General weeks (DURATION) DAYS

Contributory Advanced years and General debility (DURATION) DAYS

(Signed) R. L. Caswell M. D.

July 23 1906 (Address) 1724 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Co	July 25 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92035

Registered No. B

City of Baltimore, (No. 1216 Patterson Ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Woodan

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: ——— (Month) 1 (Day) ——— Year)

AGE: 70 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James. T. Spear

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rosa Tombo

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Kelly

(Address) 1232 Mosher St.

Filed 7/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 21 1906 that I last saw h[e] alive on July 21 1906, and that death occurred, on the date stated above, at 5.25 P. M. The CAUSE OF DEATH was as follows:

Inflammation of Kidneys

(DURATION) 16 DAYS

Contributory ———

(DURATION) DAYS

(Signed) W. C. Cuddy M. D.

July 21 1906 (Address) 528 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 24 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward ..... 92036 Registered No. B 92036

67

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum Insane Dept. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Kate Tydings

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1866

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lord.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Hollyday Supt.

Filed 7/23 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906

I HEREBY CERTIFY, That I attended deceased from October 10th 1904 to July 21st 1906 that I last saw her alive on July 21st 1906 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Gunshot Pain

(DURATION) Unk DAYS

(Signed) Wm. Cummings M.D.

Address Bay View Asylum

Date July 22nd 1906

Place of Burial St. Vincents Cem

Date July 24/1906. 1906

Undertaker William Cook

Address 515 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 92037 — Registered No. B 92037

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2448 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelina Ruston

{ Residence, if in Baltimore, Give Street and Number. } 2448 Etting St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col.

DATE OF BIRTH: July 21 1905

AGE: ..... years, 12 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Ruston

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Lucy Woodland

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H. Ruston

(Address) 2448 Etting St

Filed 7/23 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 21 1906 that I last saw h[er] alive on July 21 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) T. E. Daugherty M.D.

Address 2506 Penn Ave

Date Balto July 21 1906

Place of Burial Cathedral Cemy

Date July 23rd 06 1906

Undertaker Clarence L Waglle

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92038

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. 92038

Registered No. B.....

City of Baltimore, (No. #1114, Little Wilson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly Penn

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	June 12 1883 (Month) (Day) (Year)
AGE	23 years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	St. Marys Co. Md
FULL NAME OF FATHER	Samuel Penn
BIRTHPLACE OF FATHER (State or country)	St Marys Co
MAIDEN NAME OF MOTHER	Betsy Coombs
BIRTHPLACE OF MOTHER (State or country)	St. Marys Co
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Penn.

(Address) #1114 Little Wilson

Filed 7/23 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1905 to July 22 1906 that I last saw h- alive on July 21 1906, and that death occurred, on the date stated above, at 6.30 a. M. The CAUSE OF DEATH was as follows:

Tuberculosis

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Chas. T. Thaland M. D.

July 22 1906 (Address) 1827 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Repose Cem	July 24 1906
UNDERTAKER	**ADDRESS**
C C Wright	1364 N Caroline

WM. J. C. DULANY CO., BALTIMORE.

Ward 2

92039 Registered No. B 92039

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 547 Burgundy, Alley, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Gibbons.

{Residence, if in Baltimore, Give Street and Number.} 547 Burgundy. alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 16, 1905

AGE: 1 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: John Gibbons.

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co. Md.

MAIDEN NAME OF MOTHER: Helen Hanson

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen (her mark) X Turner

(Address) 54 7 Burgundy. Al.

Filed 7/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1906

I HEREBY CERTIFY, That I attended deceased from July 21, 1906 to July 22, 1906 that I last saw h im alive on July 21, 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.) Don't Know

(DURATION)

(Signed) Albert J. Chambers M.D.

Address 614 S. Paca St

Date July 23, 1906

Place of Burial Mount Auburn

Date July 24 1906

Undertaker Wm. L. Brownson

Address 1038 Broadway St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92040

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

76

CERTIFICATE OF DEATH.

Registered No. B 92040

City of Baltimore, (No. 342 S. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mary Shields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) (Day) 1849. (Year)

AGE: 46 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Martin Morgan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Doolen.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Danl Shields

(Address) 342 S. Payson

Filed 7/23 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 22 1906 that I last saw her alive on July 21 1906, and that death occurred, on the date stated above, at 4.15 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

Syncope.

(DURATION) DAYS

Contributory Endocarditis

(DURATION) 30 DAYS

(Signed) M. O'Neill M. D.

July 22 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: July 24 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

92041

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 92041

City of Baltimore, (No. 49, Druid Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Lloyd Philips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 8 (Day) 1903 (Year)

AGE: 1 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Edw. J. Philips

BIRTHPLACE OF FATHER (State or country): Carroll Co Md.

MAIDEN NAME OF MOTHER: Mary C Chaffee

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. J. Philips

(Address) 49 Druid Ave

Filed 7/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 22 1906 that I last saw h alive on July 21 1906, and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Acute Gastritis.

(From Incubation) (DURATION) 5 DAYS

Contributory Eclampsia (DURATION) 1 DAYS

(Signed) R. B. Norment M. D.

July 22 1906 (Address) 3543 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Arlington Md	July 23 1906
UNDERTAKER	ADDRESS
J. B. Cook	1003 Mbelt

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 92042 Registered No. B 92042

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Henry Lawenstein

{Residence, if in Baltimore, Give Street and Number.} 324 S. Wolfe

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1832

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr C. Lawenstein

(Address) 324 S. Wolf St

Filed 7/23 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 21 1906 that I last saw him alive on July 21 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthma

(DURATION) 3 DAYS

Contributory (Primary.) Heart Disease

1 year (DURATION) DAYS

(Signed) Jacob L. Winner M.D.

Address 1735 Bank

Date July 23rd 1906

Place of Burial Mt Carmel

Date July 24th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92043

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92043

Registered No. B.....

City of Baltimore, (No. 1816, Oakley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Naomi Nagle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White.

DATE OF BIRTH March 16 1906.
(Month) (Day) (Year)

AGE ..... years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Walter Nagle.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Emma Morris

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Nagle

(Address) 1816 Oakley

Filed 4/23rd, 1906 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 9 a.m. 1906. to July 21 9 P.M. 1906.
that I last saw her alive on July 21st 4 P.M. 1906.,
and that death occurred, on the date stated above, at 9
P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum.

(DURATION) 2 DAYS

Contributory Convulsions, hours.
(DURATION) DAYS

(Signed) W. H. Cox M.D. M. D.

July 23 1906 (Address) Arlington.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL London Park. | DATE OF BURIAL July 24 1906.

UNDERTAKER M. C. Lyfer | ADDRESS 1600 E. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 92044 — Registered No. B 92044

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1211 E. Federal St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Daniel Joseph Anderson

{Residence, if in Baltimore, Give Street and Number.} 1211 E. Federal St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 3 — 1905

AGE: 1 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Anderson

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Clara Elgel

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1211 E Federal St.

Filed July 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 — 1906.

I HEREBY CERTIFY, That I attended deceased from July 17 — 1906 to July 21 — 1906 that I last saw h[illegible] alive on July 21 — 1906 and that death occurred, on the date stated above, at 3:15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

General acute tuberculosis following whooping cough

(DURATION) 15 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date July 22 — 1906

Place of Burial Holy Redeemer Cemetery

Date July 24 1906

Undertaker Henry Hoeck & Son

Address 1311 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92045

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 92045

City of Baltimore, (No. 907 N Castle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Brockmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: May (Month) 2 (Day) 1906 (Year)
AGE: ..... years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): City
FULL NAME OF FATHER: Aidmo Brockmeyer
BIRTHPLACE OF FATHER (State or country): City
MAIDEN NAME OF MOTHER: Barbara Koeninger
BIRTHPLACE OF MOTHER (State or country): City
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Brockmeyer
(Address) 907 Castle St

Filed July 23 1906
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 22 1906
that I last saw her alive on July 20 1906,
and that death occurred, on the date stated above, at 6.40 A. M. The CAUSE OF DEATH was as follows:

Acute Fed
Diarrhoea +
Enteritis (DURATION) 14 DAYS
Contributory Malnutrition (DURATION) DAYS

(Signed) John Aya M. D.
July 23 1906 (Address) 1937 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery
DATE OF BURIAL: July 24 1906
UNDERTAKER: Henry Hockstein
ADDRESS: 1301 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92046 — Registered No. B 92046

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1038 N. Edw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Ryan

{Residence, if in Baltimore, Give Street and Number.} 1038 N. Edw. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1

AGE Ire Lan 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James Baxter

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sarah Jones

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Lone.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. N. Young

(Address) 1038 N. Edw St.

Filed Jul 26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21. 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 21. 1906

that I last saw h er alive on " 20 1906

and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (DURATION) 2 DAYS

Con'tributory (Primary) Senility (DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date July 22. 1906

Place of Burial Greenmount Cemetery

Date July 24 1906

Undertaker Henry Woelkobier

Address 131 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 — 92047 Registered No. B 92047

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1537 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roscoe Shipley Jr

{ Residence, if in Baltimore, Give Street and Number. } 1537 N. Washington st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 20th 1906

AGE: ..... years, 4 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Roscoe Shipley Sr

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Maggie Kalbakoff.

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roscoe Shipley Jr

(Address) 1537 N. Washington st

Filed 7/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to July 23rd 1906

that I last saw h[illegible] alive on July 22nd 1906

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea (DURATION) 8 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) M. A. Fein M.D.

Address 12 E. 25th St

Date July 23rd 1906

Place of Burial Baltimore Cemetery

Date July 24th 1906

Undertaker Christian Miller

Address N. W. Cor Jefferson & Monroe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 92048 — Registered No. B 92048

CERTIFICATE OF DEATH.

(Place of Death.) No 235 Carroll St (Woodberry) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 11

Full Name Samuel Ruby

{Residence, if in Baltimore, Give Street and Number.} 235 Carroll St (Woodberry)

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Aug 18 1834

AGE 71 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Lloyd Ruby

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Mc Kenny

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Ruby

(Address) 235 Carroll St

Filed 7/23 1906 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to July 22 1906

that I last saw h— alive on July 21 1906,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

mitral insufficiency

Aortic Stenosis

Organic Heart disease

(DURATION) & DAYS

Contributary (Primary) Non Compensation with dilatation (DURATION) & DAYS

(Signed) Henry C Algire M.D.

Address 340 Roland Ave

Date July 22 1906

Place of Burial Greenmount Cem Carroll Co

Date July 24 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 22 — 92049 — Registered No. B 92049

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Szczesniak

{Residence, if in Baltimore, Give Street and Number.} 727 S. Ann

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: September 19 1905

AGE: ..... years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton Szczesniak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josefa Haraj

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josefa Szczesniak

(Address) 727 S. Ann st

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 21 1906

that I last saw him alive on July 21 1906

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

(DURATION) 20 DAYS

Contributory (Primary) Exhaustion

(DURATION) 14 DAYS

(Signed) S. J. Szmurlo M. D.

Address 72[illegible] S. Ann st

Date July 22 1906

Place of Burial Holy Rosary

Date Monday July 23" 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — 92050 — Registered No. B 92050

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Thames St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Theodore Borowginski

{ Residence, if in Baltimore, Give Street and Number. } # 1635 Thames St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 10 Th 1905

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Adrjan Borowginski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Mary Malisewski

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hadryan Borowginski.

(Address) 1635 Thames St

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 22 1906 that I last saw him alive on July 21 1906, and that death occurred, on the date stated above, at c/m P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John H. Rebberger M.D.

Address 709 Alice Ann St.

Date July 22nd 1906.

Place of Burial St Stanislaus

Date Monday July 23" 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 92051 — Registered No. B 92051

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Denbeck

{Residence, if in Baltimore, Give Street and Number.} 603 E Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Oct 4th~~ 1905

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wladislaus Denbeck

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Helen Welzent.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Denbeck.

(Address) 603 E. Lanvale St

Filed 7/23 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 22 1906 that I last saw her alive on July 22 1906 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dysentery

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kenny M.D.

Address 1 E Lanvale

Date July 22 1906

Place of Burial Ft Lincoln.

Date Monday July 23" 1906

Undertaker Wm F. Lederer

Address 603 E. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92052 Registered No. B 92052

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1204 Hare st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Polcher

{Residence, if in Baltimore, Give Street and Number.} 1204 Hare st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Polcher.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Rosa Karwacka.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Polcher.

(Address) 1204 E. Hare St

Filed 7/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22d 1906

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to July 22d 1906

that I last saw h[illegible] alive on July 22 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 4 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. N. Kilroy, M.D.

Address 2 Hudson Ext

Date July 22nd 1906

Place of Burial St Hanislaus.

Date Monday July 23rd 1906

Undertaker M. F. Gadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 20 — 92053 — Registered No. B 92053

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 Marriott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard le. Robinson

{Residence, if in Baltimore, Give Street and Number.} 13 Marriott St

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR White.
DATE OF BIRTH	March 8th 1906
AGE	years, 4 months, 15 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Se
BIRTHPLACE (State or country)	Balto. Co.
FULL NAME OF FATHER	Chas. le. Robinson.
BIRTHPLACE OF FATHER (State or country)	Baltimore.
MAIDEN NAME OF MOTHER	Louise E. Fowler.
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Fowler

(Address) 13 Marriott St.

Filed 7/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1906.

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to July 22nd 1906, that I last saw him alive on July 22 1906 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

7 (DURATION) 7 DAYS

Contributory (Primary) Ileo-colitis

(DURATION) 3 DAYS

(Signed) W. A. Knull M.D.

Address 514 Frederick Rd.

Date July 23rd 1906

Place of Burial St Vincents Western bch

Date July 24th 1906

Undertaker C. W. Dill

Address 810 Fredk. ave!

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 20 — 92054 — Registered No. B 92054

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Gray Lawrence

{Residence, if in Baltimore, Give Street and Number.} 609 Frederick ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 9th 1906

AGE ... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John H. Lawrence

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Edna Gray

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) John H. Lawrence

(Address) 609 Frederick ave

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1906

I HEREBY CERTIFY, That I attended deceased from June 7th 1906 to July 22nd 1906

that I last saw her alive on July 21st 1906

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea (DURATION) Two DAYS

Contributory (Primary.)

Debility (DURATION) 42 DAYS

(Signed) John G. Holliday M.D.

Address 714 Frederick ave

Date July 22nd 1906

Place of Burial Mt. Olivet Cem.

Date July 23 rd 1906

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92055

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

92055

Registered No. B .....

City of Baltimore, (No. 934 W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Grafton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April (Month) ..... (Day) 1822 (Year)

AGE 84 years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John C. David

BIRTHPLACE OF FATHER (State or country) Del.

MAIDEN NAME OF MOTHER Eaton Jones

BIRTHPLACE OF MOTHER (State or country) Del.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mark C. Grafton

(Address) 934 W. Franklin St.

Filed 7/23 1906 HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to July 1906 that I last saw h[er] alive on July 21 1906, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Senile Exhaustion 7 Chronic Intestinal Indigestion 6 Mos 6 DAYS (DURATION)

Contributory Senile Exhaustion (DURATION) 6 DAYS

(Signed) C. O'Donnell M. D.

July 23 1906 (Address) 1136 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto Cemetary

DATE OF BURIAL July 24 1906

UNDERTAKER E M Mitchell

ADDRESS 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

Ward 12 — 92056 — Registered No. B 92056

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 113 Elm ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilian. Fowble

{Residence, if in Baltimore, Give Street and Number.} Balto.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: April 23rd 1906

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Richard Fowble

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Katie. Irene Collins

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard. Fowble

(Address) 113 Elm Ave

Filed 7/23 1906 HARRY O. ANDREWS, PERMT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1906 to July 23rd 1906 that I last saw her alive on July 22nd 1906, and that death occurred, on the date stated above, at 6 1/2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inherited Syphilis

Intestinal hemorrhage

(DURATION) 1/2 DAYS

Contributory (Primary) Inherited Syphilis

(DURATION) 4 DAYS

(Signed) Wm. H. F. Deaver M.D.

Address 810 1st Ave

Date July 23rd 1906

Place of Burial St. Marys. Hampden

Date July 24th 1906

Undertaker Wm. E. Chenoweth & Son

Address 919 - 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

...HEALTH DEPARTMENT, City of Baltimore.

92057

Ward 7

92057 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Moore

{Residence, if in Baltimore, Give Street and Number.} 325 West Pratt Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 11 1838

AGE: 68 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Moore

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Esther Sinclair

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Mitchell

(Address) 1519 N. Bond Str

Filed 7/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to July 21 1906 that I last saw h sm alive on July 21 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Reynolds M.D.

Address Johns Hopkins Hospital

Date July 1906

Place of Burial Friends Cemetery

Date July 24 1906

Undertaker A. Fink -- Son

Address 1915 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92058 — Registered No. B 92058

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Hoffman.

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Life Time.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	March 3, 1906
AGE	....years, 3 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/23 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21, 1906

I HEREBY CERTIFY, That I attended deceased from May 31 1906 to July 21 1906 that I last saw h[im] alive on July 20 1906, and that death occurred, on the date stated above, at 1 (?) M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and Toxaemia

(DURATION) DAYS

Contributory (Primary.) Chr. gastro-enteritis (DURATION) 28 DAYS

(Signed) E. N. Hayward M.D.

Address 1230 N Caroline

Date 7-22 1906 ✓

Place of Burial New Cathedral

Date July 23 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92059

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92059

Registered No. B.....

City of Baltimore, (No. 115 S. Carlton St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Boyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fulda

(Address) 1200 W. Fayette St

Filed 7/23 1906 HARRY O. ANDREWS, PERSON QUALIFIED] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to July 19th 1906

that I last saw h-- alive on July 19th 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

General Gas ..... (DURATION) ..... DAYS

Contributory Age

..... (DURATION) ..... DAYS

(Signed) Thos. F. McCormick M. D.

July 22 1906 (Address) 1421 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters | DATE OF BURIAL: July 24 1906

UNDERTAKER: John J. Fulda | ADDRESS: 1200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 19 — 92060 — Registered No. B 92060

146

CERTIFICATE OF DEATH.

(Place of Death.) No. 1253 Glyndon Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie L. Carey

{Residence, if in Baltimore, Give Street and Number.} 1253 Glyndon Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joe Carey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Minnie Carey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 1200 W. Lombard

Filed 7/23 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to July 23rd 1906 that I last saw h-er alive on July 22, 1906, and that death occurred, on the date stated above, at 1- A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 3 DAYS

Contributory (Primary.) Acute Otitis Mycelitis (DURATION) 5 DAYS

(Signed) J. C. Cunningham M.D.

Address 653 Columbia Ave

Date July 23rd, 1906.

Place of Burial Loudon Park

Date July 24th 1906

Undertaker John D. Fields

Address 1200 W. Lombard

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 14

Registered No. B 92061

92061

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hanna O'Gorman

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 2nd 1905

AGE ... years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John O'Gorman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Heughes

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) St. V. I. Asy.

Filed 7/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 21st 1906

that I last saw h alive on 11 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowlkes M.D.

Address 13 E. Read St.

Date July 23rd 1906

Place of Burial St. Peters Cemetery

Date July 24th 1906

Undertaker John J. Fields

Address 1200 W. Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92062

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92062

City of Baltimore, (No. 517 N. Burroughs St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Smolski

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. (Month) 1st (Day) 1905 (Year)
AGE	# years, 7 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Simon Smolski
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Amelia Mitzaviter
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saimon Smolski

(Address) 517 Burrough St

Filed 7/23 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to 22 July 1906 that I last saw him alive on 22 July 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 21 DAYS

Contributory Exhaustion

(DURATION) 14 DAYS

(Signed) James Casper M. D.

1906 (Address) 1322 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	July 23 1906
UNDERTAKER E Wade	ADDRESS 115 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the same manner as above, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92063

City of Baltimore, (No. 28, E Fort ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert L Kibbey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) - 28 (Day) 1888 (Year)

AGE: 17 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Elkridge Md

FULL NAME OF FATHER: Thos. A. Kibbey

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Elizabeth Wells

BIRTHPLACE OF MOTHER (State or country): Elkridge Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Deans

(Address) 1420 Hanover St

Filed 7/23 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 21 1906 that I last saw h-m alive on July 20 1906, about 2 A. M. and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

(DURATION) DAYS

Contributory Acute Prostration

(DURATION) DAYS

(Signed) J. B. Adams M. D.

190 (Address) 2124 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Elkridge Md

DATE OF BURIAL: July 23 1906

UNDERTAKER: E. I Fanning,

ADDRESS: 1460 Battery av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 92064

City of Baltimore, (No. 1207, Jewett Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanch Trusler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	Sept 15 1906 (Month) (Day) (Year)
AGE	....years, 10 months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Illegitimate "
MAIDEN NAME OF MOTHER	Mary Trusler
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scott

(Address) 1207 Jewett alley

Filed 7/23 1906 HARRY O'T. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 July 21 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 20 1906 that I last saw her alive on July 20 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 0 DAYS

Contributory Dysentery & Brain

(DURATION) DAYS

(Signed) B Coyle M. D.

1906 (Address) 824 Eastern ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ....Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	JUL 23 1906
UNDERTAKER	ADDRESS
	Hearse Before

WM. J. C. DULANY CO., BALTIMORE.

Reported by Dr Brown to Health Dept

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward 4 — 92065 — Registered No. B 92065

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Paul Johnson Bauer

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Mul.
DATE OF BIRTH June 20 1906	
AGE — years, 1 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 21 1906 that I last saw h[im] alive on July 21 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 22 1906

Place of Burial COLLEGE OF P. & S.

Date JUL 23 1906 1906

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age** (whether married or single) of the person deceased, and the **cause and date of death.**

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twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward VI 92066 Registered No. B 92066

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ruth Thomas

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Blk

DATE OF BIRTH April 23 1906

AGE — years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 7/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 22 1906 that I last saw her alive on July 21 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 22 1906

Place of Burial COLLEGE OF P. & S. JUL 23 1906 Commissioner Health

Date 190

Undertaker W.

Address Howells Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92067

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 79

CERTIFICATE OF DEATH.

Registered No. B 92067

City of Baltimore, (No. 610, N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Sarah E. Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 9th (Day) 1845 (Year)

AGE: 60 years, 11 months, 13 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Henry Carroll

BIRTHPLACE OF FATHER (State or country): Portland Me.

MAIDEN NAME OF MOTHER: ~~Mary Woods~~ Sarah E. Carroll

BIRTHPLACE OF MOTHER (State or country): Portland. Me.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul M Adams

(Address) 610 N Eutaw

Filed 7/23 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1905 to July 22 1906

that I last saw h er alive on July 22 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Chr Myocarditis.

one year (DURATION) DAYS

Contributory Dyspepsia 6 mths

general weakness (DURATION) DAYS

(Signed) J. W Keown M. D.

July 23 1906 (Address) 1938 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: July 24 1906

UNDERTAKER: M Fahey & Sons

ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

92068

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92068

City of Baltimore, (No. 817 Jackson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward N. Taylor Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 15 1906 (Month) (Day) (Year)
AGE	..... years, 4 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Edw. N. Taylor Sr.
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary F. Martin
BIRTHPLACE OF MOTHER (State or country)	Florida
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. S. Smith M.D.

(Address) 5-5 Hanover St.

Filed 7/23 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 23 1906.

that I last saw h.. alive on July 23 1906 at 3.50

and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. S. Smith M. D.

July 23 1906. (Address) 5-5 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	July 24 1906
UNDERTAKER	ADDRESS
E. Schlosman & Son	124 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B 92069

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 412 S. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Stearns

{Residence, if in Baltimore, Give Street and Number.} 412 S. Smallwood St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 10th 1906

AGE: ..... years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Stearns

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary C. McGuigan

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Stearns

(Address) 412 Smallwood St.

Filed July 24 1906 — MARY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1906

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 23d 1906 that I last saw him alive on July 22d 1906, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 13 DAYS

Contributory (Primary.) Marasmus

(DURATION) 13 DAYS

(Signed) Wm Gaudel M.D. M.D.

Address 1704 Madison Ave

Date July 23d 1906

Place of Burial Pikesville Md.

Date July 24th 1906

Undertaker H. Saudek & Son

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

92070

Registered No. B 92070

105

CERTIFICATE OF DEATH.

Place of Death.) No. The Thomas Wilson Sanitarium. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louis Berger

{Residence, if in Baltimore, Give Street and Number.} 1840 Waterman Court.

Duration of Residence in Baltimore. 7 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 6th 1905

AGE: 7 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Berger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Cathrina Kline

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Berger

(Address) 1840 Waterman Court

Filed 7/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 22 1906 that I last saw h sm alive on July 22 1906, and that death occurred, on the date stated above, at 2.30 A M. CAUSE OF DEATH (Secondary or Immediate)

Toxinia. Pneumonia and Myocarditis.

(DURATION) DAYS

Contributory (Primary.) Dyspepsia diarrhoea

(DURATION) 9 DAYS

(Signed) Henry Whittle. M.D.

Address The Thomas Wilson Sanitarium Md.

Date July 23 1906

Place of Burial Western Cemetery

Date July 24 1906

Undertaker Geo. Bentz

Address 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 92071 — Registered No. B 92071

CERTIFICATE OF DEATH.

(Place of Death.) No. 1842 Walterwyck Court St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George W Work

{Residence, if in Baltimore, Give Street and Number.} 1842 Walterwyck Ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 14th 1902
AGE	4 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Child
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Walter E. Work
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Carrie Knopf
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Work

(Address) 1842 Walterwyck Court

Filed 7/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/23/06 190

I HEREBY CERTIFY, That I attended deceased from 7/23 190 6 to 7/23/06 190

that I last saw him alive on 7/23/06 190,

and that death occurred, on the date stated above, at 10-45 Am

M. CAUSE OF DEATH (~~Secondary~~ or Immediate).

Laryngeal Diphtheria,

About 24 hrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Houck M.D.

Address 1922 Penna Ave

Date 7/23/06 190

Place of Burial Loudon Park

Date July 24th 1906

Undertaker George Burk

Address 524 N Bidle St

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 12 — 92072 — Registered No. B 92072

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2413 Oak Street — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F'leuch

{Residence, if in Baltimore, Give Street and Number.} 2413 Oak Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR Colored

DATE OF BIRTH ——— 1905

AGE 1 year, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Edward Fleuch

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Fleuch

(Address) 2013 Oak St.

Filed 7/24 1906 — Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 23 1906 that I last saw h in alive on July 23 1906, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) several hrs DAYS

Contributory (Primary) Intestinal indigestion (DURATION) indefinite DAYS

(Signed) L. A Richardson M.D.

Address 112 W. 25th St

Date July 23rd 1906

Place of Burial Laurel Cemetery

Date July 24th 1906

Undertaker Felix B. Pyl

Address 102 E Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward ..... 92073 Registered No. B 92073

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Backert.

{ Residence, if in Baltimore, Give Street and Number. } 800 Chesapeake St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemer Holliday. Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/27/06 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 23 1906 that I last saw h.. alive on July 23 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. M. Dewees M.D.

Address Bay View Asylum

Date July 23 1906

Place of Burial Sacred Heart Cem.,

Date July 26th 1906

Undertaker Germanus Firance

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 Registered No. B 92074

92074

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1414 Bruce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Blanch Driggs

{Residence, if in Baltimore, Give Street and Number.} 1414 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: March 12th 1906

AGE: — years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert Driggs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Hailmon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Driggs

(Address) 1414 Bruce st.

Filed 7/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 st 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at....

....11. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rieas Baldwin M.D.

Address 700 Laz. av. (Govans)

Date July 23 rd 1906

Place of Burial Mount Auburn

Date July 24th 1906

Undertaker James H Dennis

Address 1332 Presstman st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92075

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92075

Registered No. B .....

City of Baltimore, (No. 520 W. Biddle St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rufus Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Oct 31 1825
(Month) (Day) (Year)

AGE 81 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER Rufus Bennett

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md

MAIDEN NAME OF MOTHER Louisa Wallee

BIRTHPLACE OF MOTHER (State or country) Balto. city Md

OCCUPATION OF DECEASED Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Bennett

(Address) 534 N Carrollton Ave

Filed 7/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22d 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to July 22 1906

that I last saw him alive on July 21 1906,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

General debility,
Ending in coma.
(DURATION) DAYS

Contributory Bleeding from Hemorrhoids (DURATION) 8 DAYS

(Signed) Henry Chandlee M. D.

July 23 1906 (Address) 742 W Mount a

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL July 24 1906

UNDERTAKER Geo J Smith & W. Forsyth | ADDRESS 1000

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 92076 — Registered No. B 92076

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 E. Baeto - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Malinda Gillem

{Residence, if in Baltimore, Give Street and Number.} 1426 E Baeto St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH 1

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Lewis Gang.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Eliza Hillen

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Gillem

(Address) 1426 E. Baltimore St.

Filed 7/27 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or immediate)

..... Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroner

Date July 24-06 1906

Place of Burial Baltimore Cem

Date July 26th 1906

Undertaker William Cook

Address 502 6 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward 10 92077 Registered No. B 92077

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob F. Dodd

{ Residence, if in Baltimore, Give Street and Number. } 1217 N Gilmor

Duration of Residence in Baltimore. 20 years about

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 12 1860

AGE: 46 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Del.

FULL NAME OF FATHER: John Dodd

BIRTHPLACE OF FATHER (State or country): Del.

MAIDEN NAME OF MOTHER: Elizabeth Prettyman

BIRTHPLACE OF MOTHER (State or country): Del

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dodd

(Address) 1217 N. Gilmor

Filed 7/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from about Jan 1906 to July 23 1906

that I last saw him alive on July 21st 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Synocope

(DURATION) DAYS

Contributory (Primary.) Pneumonia & Tuberculosis

Arch. of aorta (DURATION) 210 DAYS

(Signed) Lucas Reynolds M.D.

Address 209 N. Charles

Date July 23 1906

Place of Burial Mt Olivet

Date July 24 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...City of Baltimore.

Ward 8 — 92078 — Registered No. B 92078

CERTIFICATE OF DEATH. 108

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1607 N. Bond

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 4 1875

AGE: 31 years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas McCormicks

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Healey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hamilton

(Address) 1607 N. Bond st

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to July 22 1906 that I last saw h[er] alive on July 22 1906, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic intoxication

(DURATION) DAYS

Contributory (Primary) Intestinal obstruction

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Josephs Hospital

Date July 22nd 1906

Place of Burial Cathedral Cem.

Date July 25 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...Baltimore.

Ward ..... 92079 Registered No. B 92079

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 W. Lanvale St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Edith Ferguson

{Residence, if in Baltimore, Give Street and Number.} 630 W. Lanvale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Col
DATE OF BIRTH: 1	
AGE: ..... years, 5 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Edith Ferguson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nerva Russell

(Address) 630 W. Lanvale

Filed 7/24 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 23 1906 that I last saw her alive on July 23 1906 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 12 DAYS

(Signed) John S Hurdle M.D.

Address 647 W Lafayette Ave

Date July 23 1906

Place of Burial Laurel Cem

Date July 24th 1906

Undertaker Sam'l H Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it ... the Physician who attended during his or her last sickness, or the Coroner, when the case co... ...ker, or other person superintending the ... ...eighteen hours after death*, to the Undertaker, ... *name, sex, age, condition* (whether married or single) of the person ... *cause and date of death.*

...HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 92080 — Registered No. B 92080

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 207 — Aisquith — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Rebecca Brooks

{Residence, if in Baltimore, Give Street and Number.} 207 Aisquith St. Bethel Home for Aged.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ——— 1

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough St

Filed 7/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from April 17 1906 to July 22 1906 that I last saw h.. alive on July 21 1906, and that death occurred, on the date stated above, at 7:45 P. M. CAUSE OF DEATH (Secondary or Immediate) —

Parenchymatous nephritis.

(DURATION) 2 Mos. DAYS

Contributory (Primary.) Arterio-Sclerosis

Hepatic Enlargement (DURATION) years DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date July 23 1906.

Place of Burial Mt Auburn

Date July 24 1906

Undertaker Theodore White

Address 1702 Gough St.

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92081

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92081

City of Baltimore, (No. 1411, Cookie St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Geyler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 8 (Day) 1886 (Year)

AGE: 20 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Julius Geyler

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Paulina Knopp.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paulina Knopp nee

(Address) 1411 Cookie Street.

Filed 7/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 21 July 1906 to 21 July 1906 that I last saw him alive on 21 July 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Heat Apoplexy.

(DURATION) 1. DAYS

Contributory Exhaustion.

(DURATION) 1. DAYS

(Signed) James Cooper M. D.

22 July 1906 (Address) 1322 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: July 24 1906

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92082

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

34

CERTIFICATE OF DEATH.

92082

Registered No. B .....

City of Baltimore, (No. 624, Wyeth St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nina E. Gayhardt

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Mar 4 1885
(Month) (Day) (Year)

AGE 21 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Geo. Heim

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Sarah E. Dawkins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Gayhardt

(Address) 627 Wyeth St.

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 22 1906 that I last saw her alive on July 22 1906, and that death occurred, on the date stated above, at 9:35 M. The CAUSE OF DEATH was as follows:

Acute general tuberculosis

(DURATION) 19 DAYS

Contributory Pulmonary consolidation

(DURATION) 4 DAYS

(Signed) H. C. Kunkel M. D.

July 23 1906 (Address) 1002 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cem | DATE OF BURIAL July 25 1906

UNDERTAKER Jos. Jourdan Son | ADDRESS 2171 Penn

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ARTMENT, City of Baltimore.

Ward 24 — 92083 — Registered No. B 92083

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 135 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Deves

{ Residence, if in Baltimore, Give Street and Number. } 135 E. Randall st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: Oct 2 1883

AGE: 22 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry L. Deves

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lena Schnepfinger

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Shirt operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Deves

(Address) 135 E. Randall.

Filed 7/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from June 22 1906 to July 22 1906

that I last saw him alive on July 21 1906

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.) General

infection (DURATION) DAYS

(Signed) L. M. Lumpkin M.D.

Address 602 S Paca st.

Date July 22 1906

Place of Burial Western Cemetery

Date July 24 1906

Undertaker Jos. Sowers. Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

92084

Ward 10

Registered No. B 92084

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1022 Wilcox St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Robert Hoch

{Residence, if in Baltimore, Give Street and Number.} 1022 Wilcox St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 23rd. 1906

AGE: ..... years, 6 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Christian Hoch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Veronica Kerhauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1022 Wilcox St.

Filed 7/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 23 1906 that I last saw h[illegible] alive on July 22 1906 and that death occurred, on the date stated above, at 12.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis

(DURATION) 20 DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) James M Fenton M.D.

Address 720 E Chase St

Date July 23 1906

Place of Burial Holy Cross Cemetery

Date July 24th. 1906

Undertaker Penn Hoch & Lee

Address 201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

92085 Registered No. B 92085

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 719 S Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Stange

{ Residence, if in Baltimore, Give Street and Number. } 719 S. Luzerne St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 20 1832

AGE 72 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie D. Stange

(Address) 719 S. Luzerne St

Filed 7/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 - 1906

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h~ alive on ~ 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Culmer M.D.

Address 320 N Green St

Date July 22 1906

Place of Burial Trinity Cemetery

Date July 24 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1703-1710 Clinton Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. B 92086

92086

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 254 S. Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Mary Miller

{ Residence, if in Baltimore, Give Street and Number. } 254 S. Spring St

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 24th 1850

AGE 55 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 254 S. Spring St

Filed 7/24 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 22 1906 that I last saw h er alive on July 22 1906, and that death occurred, on the date stated above, at 7.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis 2 years (DURATION) — DAYS

(Signed) A. A. Bendick M.D.

Address 328 Broadway

Date July 23 1906

Place of Burial 1st Evangelic

Date July 24th 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto St and 1705 E. Oliver Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 5

92087

Registered No. B 92087

CERTIFICATE OF DEATH.

153

(Place of Death.) No. 275 N Exeter St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Johnston

{Residence, if in Baltimore, Give Street and Number.} 275 N Exeter St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 2 1906

AGE — years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James C. Johnston

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maggie Young

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C. Johnston

(Address) 275 N Exeter

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to July 23 1906 that I last saw h[illegible] alive on July 13 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

2 months (DURATION) DAYS

Contributory (Primary) (Bottle boy)

Summation (DURATION) — DAYS

(Signed) A Reg Forts M.D.

Address 1207 Edmondson Ave

Date June 23 1906

Place of Burial Lorraine

Date July 24 1906

Undertaker Robt J Thomas

Address 1209 Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 92088

92088

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 22 Madison St Homestead — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James. W. Dashiells

{Residence, if in Baltimore, Give Street and Number.} 22 madison St. Homestead

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: feb 11th 1900

AGE: 6 years, 6 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltis

FULL NAME OF FATHER: Geo H Dashiells

BIRTHPLACE OF FATHER (State or country): Baltis

MAIDEN NAME OF MOTHER: N Mandrews

BIRTHPLACE OF MOTHER (State or country): Baltis

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Dashiells

(Address) 22 Madison St

Filed 7/24 1906 — HARRY O. ANDREWS, — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22- 1906

I HEREBY CERTIFY, That I attended deceased from 8 July 1906 to 22 July 1906 that I last saw h— alive on July 20 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mumps

— (DURATION) — DAYS

Contributory (Primary.) — —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date July. 23 1906 190

Place of Burial Loudon Park Cem

Date 7-25-a 190 C

Undertaker Robt Brockerhoff

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92089

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

92089

Registered No. B.....

City of Baltimore, (No. 602, South Register St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Stephan Grabarek

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Feb. 26 1906 (Month) (Day) (Year)
AGE	..... years, 5 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Bay St. Louis La
FULL NAME OF FATHER	Stephen Grabarek
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Cecelia Kipik
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Grabarek Father

(Address) 602 S. Regester St

Filed 7/24 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 23 1906

that I last saw her alive on July 23 1906,

and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows: July 24

Enteritis

2 Mos (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) N. Brucker M. D.

July 24 1906 (Address) 602 N. Regester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary.	July 24 1906
UNDERTAKER	**ADDRESS**
M. F. Sadowski.	703 S. Ann

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

...DEPARTMENT, City of Baltimore.

Ward 15 — 92090 — Registered No. B 92090

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2600 Foster av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jozefa Franz Kowiak

{Residence, if in Baltimore, Give Street and Number.} 2600 Foster av

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: September 10 1905

AGE: ....years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Maxymilian Franz Kowiak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katy Kowaniak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maxymilian Franz Kowiak

(Address) 2600 Foster ave

Filed 7/24 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to July 23 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary) Exhaustion (DURATION) 4 DAYS

(Signed) Sig. Szmurlo M.D.

Address 1922 S. Ann st

Date July 24 1906

Place of Burial Holy Rosary

Date Tuesday July 25 " 1906

Undertaker W. J. Sadowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ARTMENT, City of Baltimore.

Ward 10 — 92091 Registered No. B 92091

CERTIFICATE OF DEATH.

105

(Place of Death.) No 2119 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Edward Plamin

{Residence, if in Baltimore, Give Street and Number.} 2119 Jefferson st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Jan 14 1906	
AGE: ..... years, 6 months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Theodore Plamin	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Ella Schmidt	
BIRTHPLACE OF MOTHER (State or country): Kurland	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Plamin

(Address) 2119 Jefferson St

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1906

I HEREBY CERTIFY, That I attended deceased from July 23d 1906 to July 23d 1906 that I last saw him alive on July 23d 1906, and that death occurred, on the date stated above, at 6.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 7 DAYS

Contributory (Primary.) Eclampsia

(DURATION) 1 DAYS

(Signed) John Dair M.D.

Address 2102 Calvert St

Date July 24th 1906

Place of Burial Immanuel Cemetery

Date July 25 1906

Undertaker Louis Heemann

Address 6 S Caroline st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92092

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH. 92092

Registered No. B.....

City of Baltimore, (No. 2299 Huntsval St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME. Infant of Joseph and Sarah Oliver (no name) Oliver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: July 21 (Month) (Day) 1906 (Year)

AGE: ~~20 years~~ ~~7 months~~ 2 days old

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Oliver

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Sarah Phillips

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bagley

(Address) 2235 Guilford Av

Filed 7/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 23 1906 that I last saw h— alive on July 23 1906, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Due to Premature Birth (2 mo Uterine Gestation) which probably was due to Maternal Constitutional (DURATION) ..... DAYS Syphilis.

Contributory ..... (DURATION) ..... DAYS

(Signed) H. Bagley M. D.

190 (Address) 2235 Guilford Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: July 24 1906

UNDERTAKER: W A Elliott — ADDRESS: 506 Regester Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EPARTMENT, City of Baltimore.

Ward 25 — 92093 — Registered No. E 92093

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1460 Patapsco St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda A Thompson

{Residence, if in Baltimore, Give Street and Number.} 1460 Patapsco St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 3 rd 1836

AGE 72 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James J Thompson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Amanda Atchison

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L J Brodmeier

(Address) 1460 Patapsco St

Filed 7/24 1906 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to July 23rd 1906 that I last saw h... alive on July 23 1906 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Maemia

(DURATION) 3d DAYS

Con'tributory (Primary.)

Stomach Poisoning (DURATION) 2 DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date July 24th 06 1906

Place of Burial Baltimore Cemetery

Date July 25th 1906

Undertaker John J Fahey

Address 1232-36 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 92094

Ward 9 92094 Registered No. B 151

CERTIFICATE OF DEATH.

Place of Death.) No. 2315 Fairmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsa E. Worthington

{ Residence, if in Baltimore, Give Street and Number. } 2315 Fairmount Ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: July 8th 1906	
AGE: — years, — months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: George A. Worthington	
BIRTHPLACE OF FATHER (State or country): Pa.	
MAIDEN NAME OF MOTHER: Augusta Mackey	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Worthington

(Address) 2315 Fairmount Ave.

Filed 7/24 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24, 1906

I HEREBY CERTIFY, That I attended deceased from July 16, 1906 to July 20, 1906

that I last saw h alive on July 20, 1906

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial Mount Carmel Cemetery

Date July 24th 190

Undertaker Germanus Trano

Address Bank & Wolfe Sts.

V/M. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 9 — 92095 — Registered No. B 92095

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1907 Cromwell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Burnhamm

{Residence, if in Baltimore, Give Street and Number.} 1907 Cromwell st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 27th 1825
AGE	81 years, months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	~~England~~ Balto Md
FULL NAME OF FATHER	John Burnhamm
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Keziah Todd
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Clara Burnham

(Address) 1907 Cromwell st

Filed 7/24 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23. 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 23 1906 that I last saw him alive on " " 1906 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (DURATION) 2 DAYS

Contributory (Primary.)

Cerebral Softening (DURATION) Several Years

(Signed) Geo. H. Hartman M.D.

Address 1121 N Caroline St

Date July 24. 1906

Place of Burial Glendy Cemetary

Date July 26th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, when the case comes under his setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92096

W

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92096

City of Baltimore, (No. German Aged Home 811 Baltimore St Co Payson Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleonore Schoen

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 12 (Day) 1833 (Year)

AGE 73 years, 6 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Kesselback Hessendarmstadt

FULL NAME OF FATHER Johannes Dueber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Green

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) German Aged Home

(Address) 811 Balto St

Filed 7/24 1906

HARRY. C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to July 1906

that I last saw h alive on July 20 1906,

and that death occurred, on the date stated above, at 1½ P.M. The CAUSE OF DEATH was as follows:

Apoplexie. Hemiplegia
Weakness

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) H. T. Reinhard M. D.

July 23 1906 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Trinity	July 25 1906
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 92097 Registered No. B 92097

CERTIFICATE OF DEATH.

64

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T Tydings

{Residence, if in Baltimore, Give Street and Number.} 1303 N. Gilmor St

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 26 1858

AGE: 47 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Tydings

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Emma Tydings

(Address) 1303 Gilmor St

Filed 7/24 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906

I HEREBY CERTIFY, That I attended deceased from Mar 26 1906 to July 24 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at 8.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Edema of Lungs.

(DURATION) DAYS

(Signed) Lon A. Dorsey M.D.

Address Ass't Hospital

Date July 24 1906

Place of Burial Arnolds Station Md

Date July 26 1906

Undertaker Wm J. Tickner & Son

Address Camden & Pace Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 7

92098 Registered No. B 92098

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Henry Gross

{ Residence, if in Baltimore, Give Street and Number. } 1407 Ward

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: James H Gross

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Mary Gross

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gross

(Address) 1407 Ward St

Filed 7/24 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from ...A C None... 190 to ...None... 190

that I last saw h... alive on ... 190...;

and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) G Frank Jones M.D.

Address Coroners Office

Date July 24 1906

Place of Burial Mount Auburn

Date July 25 190...

Undertaker G. L. Brown & Son

Address 108 W Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7

92099 Registered No. B 92099

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 927 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola L. K. Seehnlein.

{Residence, if in Baltimore, Give Street and Number.} 927 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 29, 1906

AGE: ....years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Frank Seehnlein.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Plitt.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Seehnlein

(Address) 927 S. Paca St.

Filed 7/27 1906

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23. 1906

I HEREBY CERTIFY, That I attended deceased from June 28, 1906 to July 23, 1906 that I last saw h[illegible] alive on July 23, 1906 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Enteritis - Colitis

(DURATION) 25 DAYS

Contributory (Primary.) Duodenal Ulcer

(DURATION) DAYS

(Signed) Albert S. Chambers M.D.

Address 614 S. Paca St

Date July 24, 1906

Place of Burial Cedar Hill Cemetery

Date July 25th 1906

Undertaker E. Schloman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 14 — 92100 — Registered No. B 92100

151

CERTIFICATE OF DEATH.

(Place of Death.) No St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Knight

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	June 1 1906
AGE	~~years~~, 1 month, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 24 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1200 N. Carolina

Date 7/24 1906

Place of Burial New Cathedral

Date July 24th 1906

Undertaker Martin Gahey & Sons

Address 606 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...TH DEPARTMENT, City of Baltimore.

Ward 17 — 92101 — Registered No. B 92101

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry McDonach

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	M
DATE OF BIRTH	July 5 1906
AGE	~~years~~ ~~months~~, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 7/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 24 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. P. Hayward M.D.

Address 1230 N Caroline

Date 7/24 1906

Place of Burial New Cathedral

Date July 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92102 — Registered No. B 92102

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hope Kline

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	July 9, 1906
AGE	~~years~~ ~~months~~, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City -
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 23 1906 that I last saw him alive on July 23 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. St. J. Hayward, M.D.

Address 1230 N. Carrollton

Date 7/24 1906

Place of Burial New Cathedral

Date July 24th 1906

Undertaker Martin Fraheys Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 24

92103 Registered No. B 92103

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Off Hospital Shore Spring Garden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard T. Hall.

{Residence, if in Baltimore, Give Street and Number.} 312 E. Hamburg St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: March 15 1885

AGE: 21 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Calvert Co Md.

FULL NAME OF FATHER: Thomas E. Hall

BIRTHPLACE OF FATHER (State or country): Calvert Co Md.

MAIDEN NAME OF MOTHER: Ella J. Grierson

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Hall Father

(Address) 312 E. Hamburg St.

Filed 7/25 1906

HARRY O. ANDREAS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July 23 1906.

Place of Burial Cedar Hill

Date July 25 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92104 — Registered No. B 92104

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 220 N Wiemel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Mary Wood

{Residence, if in Baltimore, Give Street and Number.} 220 N Wiemel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	ca
DATE OF BIRTH	1906
AGE	years, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Caleb Wood
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Eva Johnson
BIRTHPLACE OF MOTHER (State or country)	Penn
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enid Valentine

(Address) 406 N. Bruce St

Filed 7/25 1906

HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 19 06 to July 23 06

that I last saw h alive on July 23 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary) Marasmus

(DURATION) DAYS

(Signed) C Lyman Jones M.D.

Address Coroners Office

Date July 24 1906

Place of Burial Mt. Auburn

Date July 25 1906

Undertaker Philip B Pyle

Address 102 E Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92105

Ward 22 — 92105 Registered No. B 92105

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 S Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Beck

{Residence, if in Baltimore, Give Street and Number.} 223 S Fremont Ave

Duration of Residence in Baltimore 82 Yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 27 — 1840

AGE 65 years, 6 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Carl Saupel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helmina Fellman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Beck

(Address) 223 S Fremont Ave

Filed 7/25-06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 23 1906 that I last saw h[illegible] alive on July 23 1906 and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edw Bamph M.D.

Address 5 W Lexington

Date July 23 1906

Place of Burial Loudon Park

Date July 26 1906

Undertaker Wm Sanderson Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92106 — Registered No. **B** 92106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 Hubbard ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lehane

{ Residence, if in Baltimore, Give Street and Number. } 1039 Hubbard ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX F	COLOR W	DATE OF DEATH July 23 1906
DATE OF BIRTH 1		I HEREBY CERTIFY, That I attended deceased from 190 to 190
AGE years, 7 months, days		that I last saw h alive on 190
SINGLE, MARRIED, WIDOWED, OR DIVORCED		and that death occurred, on the date stated above, at 6½ A. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Baltimore		Convulsions
FULL NAME OF FATHER Edward Harman		Dysentery
BIRTHPLACE OF FATHER (State or country) Md.		(DURATION) DAYS
MAIDEN NAME OF MOTHER Mary Chase		Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Md		(DURATION) DAYS
OCCUPATION OF DECEASED —		(Signed) Jno. A. Cullen M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address Cor Eutaw & Lanvale
(Informant) Mary Chase		Date July 24 06 19
(Address) 1039 Hubbard ave		Place of Burial Laurel
Filed 7/25 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar		Date July 25 190 6
		Undertaker W. H. Elliott
		Address 406 Hughes st

WM. J. C. DULANY CO., Baltimore.

5

92107

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 92107

City of Baltimore, (No. 205, Lewis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly Sills

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Robinson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Gladys Sills

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Gladys Sill

(Address) 205 Lewis St.

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 7/23 1906 to 7/23 1906

that I last saw h[er] alive on 7/23 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. C. Katzoff M. D.

7/23 1906 (Address) 114 Division St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury	July 25 1906
UNDERTAKER	ADDRESS
J. T. Allcutt	576 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

92108

Registered No. B 92108

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wladislaw Kwiatkowski

{ Residence, if in Baltimore, Give Street and Number. } 719 S. Bond St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michal Kwiatkowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Chichon

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Kwiatkowski

(Address) 719 S Bond St

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 21 1906

that I last saw him alive on July 21 1906,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St.

Date July 25 1906

Place of Burial Holy Rosary

Date July 25 1906

Undertaker Jacob Fiatowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92109 Registered No. B 92109

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 305 S. Indiana St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jamie L. Bangert

{ Residence, if in Baltimore, Give Street and Number. } 305 S. Indiana St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 13th 1905

AGE ..... years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER George Bangert

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Lilly Green

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Bangert

(Address) 305 S. Indiana

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 23 1906

that I last saw h[illegible] alive on " 23 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

4 (DURATION) DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) Edward Allen M.D.

Address 6 & 8 Park Ave

Date July 24 1906

Place of Burial Mt. Carmel Cem.

Date July 25th 1906

Undertaker Jno A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward Northview 92110 Registered No. B 92110

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Allen

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum

Duration of Residence in Baltimore. 76

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ?

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday,

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 22 1906 that I last saw her alive on July 22 1906, and that death occurred, on the date stated above, at 4:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. M. Dunnington M.D.

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 24 1906 190

Undertaker William L. Woodcock

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20 5

HEALTH DEPARTMENT, City of Baltimore.

92111

Ward ..... 92111 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum (Insane Dep't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Burke

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. 15 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Scandinavia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE to the best of MY KNOWLEDGE AND BELIEF. Lamar Hollyday Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906

I HEREBY CERTIFY, That I attended deceased from April 14th 1906 to July 24th 1906 that I last saw him alive on July 23rd 1906 and that death occurred, on the date stated above, at 6.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Broncho-pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Miliary (general) Tuberculosis (DURATION) Unk DAYS

(Signed) J. M. Ammerman M.D.

Address Baystim Asylum

Date July 24th 1906

Place of Burial JOHNS HOPKINS HOSPITAL JUL 24 1906

Date 190

Undertaker William H. Woodall

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

205

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92112 Registered No. B 92112

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Knight.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. Emor Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 22 1906 that I last saw him alive on July 22 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) J. M. Duncan M.D.

Address Bay View Asylum

Date July 22 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date JUL 24 1906 190 ...

Undertaker William H. Rowles

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

204

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

205

HEALTH DEPARTMENT, City of Baltimore.

92113

Ward 10

92113 Registered No. B

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Wilson

{Residence, if in Baltimore, Give Street and Number.} 1122 Whitecoat St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH 1906

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 22 - 1906

I HEREBY CERTIFY, That I attended deceased from July - 21 1906 to July - 22 1906 that I last saw h alive on July 22 1906 and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus (DURATION) 40 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DA

(Signed) M. W. Short M.D.

Address Md Homoeo Hospital

Date July - 22 - 1906

Place of Burial COLLEGE OF P. & S

Date JUL 24 1906 190

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

205

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92114 Registered No. B 92114

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 622 West Lombard Street — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Grace Elizabeth Russ

{Residence, if in Baltimore, Give Street and Number.} 622 West Lombard Street.

Duration of Residence in Baltimore. 9 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: negro

DATE OF BIRTH: July 15 1906

AGE: — years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore - Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Grace Elizabeth Russ.

BIRTHPLACE OF MOTHER (State or country): Baltimore - Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/25 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 24 1906 that I last saw h-im alive on July 24 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) DAYS

(Signed) [signature] M.D.

Address 622 W. Lombard Street

Date July 24 — 1906

Place of Burial COLLEGE OF P. & S.

Date JUL 24 1906 190...

Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

20 5

...EALTH DEPARTMENT, City of Baltimore.

Ward V 92115 Registered No. B 92115

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Andrew Belzik

{Residence, if in Baltimore, Give Street and Number.} 1618 Lancaster Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ...1...

AGE: 45 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 20 1906 that I last saw h[illegible] alive on July 20 1906, and that death occurred, on the date stated above, at 8 25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 20 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1906 1906

Undertaker Commissioners Board.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

706

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B 92116

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Liverpool

{Residence, if in Baltimore, Give Street and Number.} 633 Eachorn St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Turkey

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 7/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 23 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ulcerative Endocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1906 1906

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

206

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

206

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

92117

Registered No. B 92117

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Burke

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum / 1211 Wilmer Alley

Duration of Residence in Baltimore. 18

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Solomon Burke

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosa Hawkins

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemar Holyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/25 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 24 1906 that I last saw h alive on July 24 1906, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Respiratory Failure (DURATION) DAYS

(Signed) M Greenbaum M.D.

Address Bay View Asylum

Date July 24 1906

Place of Burial Mt Auburn Cem

Date July 26. 1906

Undertaker Felix B Pyle

Address 1026 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92118 Registered No. B 92118

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 339 Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Turner

{Residence, if in Baltimore, Give Street and Number.} 339 Rose St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 6 1906

AGE: ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Turner.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clara Gross.

BIRTHPLACE OF MOTHER (State or country): Calvert County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Brown

(Address) 339 Rose St

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 24 1906

that I last saw her alive on July 24 1906,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.) Neglect

(DURATION) ..... DAYS

(Signed) W. A. Weinberg M.D.

Address 18 Pearl St

Date July 25th 1906

Place of Burial Laurel County

Date July 25th 1906

Undertaker William H. Hagdon

Address 861 Lindenauer

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 92119

92119

132

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Johnson

{Residence, if in Baltimore, Give Street and Number.} 539 Elbow Lane

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro

DATE OF BIRTH: Unknown

AGE: 32 years? — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Hall

(Address) 521 S. Greene St.

Filed 7/25 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25, 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to July 25 1906 that I last saw her alive on July 25 1906, and that death occurred, on the date stated above, at 7:00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Surgical Shock.

(DURATION) 2 DAYS

Con'ributory (Primary.) Acute bilateral Salpingitis (DURATION) 12 DAYS

(Signed) R. B. Hayes M.D.

Address University Hospital

Date July 25, 1906

Place of Burial Laurel Cem

Date July 27 1906

Undertaker Jno H. Toadvine

Address 606 Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92120

Ward 19 — 92120 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 W Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Chas M. Forney

{Residence, if in Baltimore, Give Street and Number.} 1618 W Balto St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3 1906

AGE: ..... years, 16 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas M. Forney

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Hilda Hutchinson

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M Forney

(Address) 1618 W Balto St

Filed 7/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 24 1906

that I last saw h[illegible] alive on July 24 1906

and that death occurred, on the date stated above, at 11.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary) Dentition (DURATION) 14 DAYS.

(Signed) C. D. Wilson M.D.

Address 1735 Holliday St.

Date July 25. 1906

Place of Burial Md Oliver

Date July 26 1906

Undertaker E M Mitchell

Address 120 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Ward 11

92121 Registered No. B 92121

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 W. Lanvale St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Horace M. Harriman

{Residence, if in Baltimore, Give Street and Number.} 224 W Lanvale

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March 31 1841

AGE 65 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maine

FULL NAME OF FATHER Jacob Harriman

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Hannah Harriman

BIRTHPLACE OF MOTHER (State or country) Maine

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W B Sands

(Address) Lake Roland

Filed 7/25 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 23 1906

that I last saw h alive on July 23 1906,

and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 years (DURATION) ~~DAYS~~

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John J. King M.D.

Address 1425 Eutaw Pl

Date July 25 1906

Place of Burial Green Mount

Date July 25" 1906

Undertaker E Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92122

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 92122

City of Baltimore, (No. W. E. cor. Barclay st. and North Ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew W. Larkin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May (Month) 24 (Day) 1849 (Year)

AGE 57 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER — Larkin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. W. Larkin

(Address) Barclay & North Ave

Filed 7/25 1906 HARRY C. ANDREWS, PERLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 24 1906

that I last saw him alive on July 24 1906,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Pericarditis Vomiting and Exhaustion after long illness

..... (DURATION) ..... DAYS

Contributory Chronic Gastric Catarrh

Melleney (DURATION) ..... DAYS

(Signed) Edward Gibbons M. D.

July 24 1906 (Address) 316 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cathedral Cem. | DATE OF BURIAL July 27 1906

UNDERTAKER Roy. W. Means & Son | ADDRESS 805 N. Calvert

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

92123 Registered No. B 92123

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Hanford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank T. Savignol.

{Residence, if in Baltimore, Give Street and Number.} 812. Hanford. Ave

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	December 1879
AGE	26 years, 7 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Mississippi
FULL NAME OF FATHER	Wm. T. Savignol
BIRTHPLACE OF FATHER (State or country)	France.
MAIDEN NAME OF MOTHER	Margret Synek.
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Savignol

(Address) 812 Hanford ave

Filed 7/25 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 23 1906.

that I last saw h im alive on July 23 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Chronic

(DURATION) DAYS

Contributory (Primary.) Cystitis

(DURATION) DAYS

(Signed) J. T. O'Mara. M.D.

Address 1012 Edmondson Ave

Date July 24 1906.

Place of Burial New Cathedral Cem

Date July 26th 1906

Undertaker H. W. Jenkins Son Co

Address 2336 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 92124 — Registered No. B 92124

CERTIFICATE OF DEATH.

78

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel F Conroy

{Residence, if in Baltimore, Give Street and Number.} 1318 Pennsylvania ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 11 1880

AGE 26 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Daniel Conroy.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Dennin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED House shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Conroy

(Address) 1318 Penna Ave

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 24 1906 that I last saw him alive on July 24 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) Ditto

..... (DURATION) ..... DAYS

(Signed) John McI Bergland M.D.

Address Johns Hopkins Hospital

Date July 26 1906

Place of Burial Baltimore Cem

Date July 26th 1906

Undertaker Wm Cook

Address 507 E. North ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

92125 Registered No. B 92125

60

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 Ridgely St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John Cragg

{ Residence, if in Baltimore, Give Street and Number. } 1531 Ridgely

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 1838

AGE 68 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Glass blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cragg

(Address) 1531 Ridgely St.

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from Feb 1905 to July 23 1906 that I last saw h-- alive on July 23 1906, and that death occurred, on the date stated above, at 3.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Posterior Spinal Sclerosis

18 months (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Muse M.D.

Address 865 Columbia Ave

Date July 24 1906

Place of Burial Cedar Hill Cem

Date July 26 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92126

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

92126

Registered No. B.....

City of Baltimore, (No. 713 N. Grayson St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Sydnor Herron

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 2nd 1842 (Month) (Day) (Year)

AGE: 64 years, — months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland U.S.A.

FULL NAME OF FATHER: James S. Herron, Sr.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Rebeccah Bransfield

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Rockert, M.D.

(Address) 1032 Edmondson Ave

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1906 to July 24th 1906 that I last saw him alive on July 23rd 1906, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

(a) Inanition, following
Acute Gastritis.

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. H. Rockert M.D.

July 24th 1906 (Address) 1032 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: July 26 1906

UNDERTAKER: Jos. B. Cook | ADDRESS: 1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 92127

92127

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1260 Fames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Crampion

{ Residence, if in Baltimore, Give Street and Number. } 1260 Fames St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 24th 1906

AGE 6 years, 6 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Crampion

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sophia Oppelt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Crampion

(Address) 1260 Fames St

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to July 24 1906 that I last saw h~~im~~ alive on July 23 1906 and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) DAYS

Con'tributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) E.B. Freeman M.D.

Address 623 Columbia Ave

Date July 24 1906

Place of Burial Holy Cross Annapolis Md

Date July 27th 1906

Undertaker John J. Govan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92128

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81

CERTIFICATE OF DEATH.

Registered No. B 92128

City of Baltimore, (No. 1404 N. Myrtle ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Catharine A. Zimmekel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July (Month) 5 (Day) 1820 (Year)

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Lawa Zimmekman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER anna schultz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs albers

(Address) 1404 Myrtle ave

Filed 7/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 24 1906 that I last saw her alive on July 23 1906, and that death occurred, on the date stated above, at 9.30 A.M. The CAUSE OF DEATH was as follows:

Arterio - Sclerosis

several years (DURATION) ..... DAYS

Contributory Asthenia

several days (DURATION) ..... DAYS

(Signed) James B. Bramble M. D.

July 25 1906 (Address) 1211 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	July 26 1906
UNDERTAKER	ADDRESS
Geo. A. Lobaugh	921 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

1

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ARTMENT, City of Baltimore.

Ward 18 — 92129 — Registered No. B 92129

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 821 Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A McManus

{Residence, if in Baltimore, Give Street and Number.} 821 Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 31st 1906

AGE: — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John L McManus

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary McGarvey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L McManus

(Address) 821 Franklin St

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 — 1906

I HEREBY CERTIFY, That I attended deceased from July 10 — 1906 to July 24 — 1906

that I last saw h[e]r alive on 21st 1906,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

about 14 days (DURATION) DAYS

Contributory (Primary.) Inanition

about 14 days (DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W. Laurel St

Date July 26th 1906

Place of Burial St Peters

Date July 26th 1906

Undertaker H. Fahey & Sons

Address 624 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

92130

92130

Ward 6

Registered No. B

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. 11 dredge Kennedy off Sum. Point Knoll ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Johansen

{Residence, if in Baltimore, Give Street and Number.} None

Duration of Residence in Baltimore. None

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Stavanger Norway

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know.

OCCUPATION OF DECEASED: Dredge Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Waldhauser
and Dredging Co.

(Address) 2092 Wolf St.

Filed 7/25 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 6: a.. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental

Drowning

(DURATION) .. DAYS

Contributory (Primary.)

(DURATION) .. DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July 25 1906

Place of Burial Mt Carmel

Date July 27 11 1906

Undertaker H. Goudy & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 92131 — Registered No. B 92131

17

CERTIFICATE OF DEATH.

(Place of Death.) No. W Dredge Kennedy & Seven foot Knoll St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Parks.

{Residence, if in Baltimore, Give Street and Number.} none.

Duration of Residence in Baltimore. none.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH Don't know 1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Greenock Scotland.

FULL NAME OF FATHER Don't know.

BIRTHPLACE OF FATHER (State or country) Don't know.

MAIDEN NAME OF MOTHER Don't know.

BIRTHPLACE OF MOTHER (State or country) Don't know.

OCCUPATION OF DECEASED Dredge hand.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Waldhauer.

(Address) Md Dredging Co. 2021 N Wolfe St.

Filed 7/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23. 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner.

Date July 25. 1906

Place of Burial Mt. Carmel

Date July 27th 1906

Undertaker E. Sander Sons

Address 1318 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. B 92132

CERTIFICATE OF DEATH.

176

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William P. Foley

{Residence, if in Baltimore, Give Street and Number.} 47 S. Clinton St. Baltimore Co.

Duration of Residence in Baltimore. Co. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 17th 1875
AGE	31 years, 3 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Charles Foley
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Catherine Boyd
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Foley (father)

(Address) 26 East Ave Balto. Co

Filed July 26 1906 W. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis from
Rupture of Abdomen

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred'k Rullen M.D.
Jones M.D.

Address .....

Date July 25-06 1906

Place of Burial Holy Cross Cemetery

Date July 26th 1906

Undertaker Germanus Franer

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 92133 — Registered No. B 92133

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Friendship St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Warren

{Residence, if in Baltimore, Give Street and Number.} 1711 Friendship St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: Dec 8 1891

AGE: 14 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Warren

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Laura Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Jones (Mother)

(Address) 1711 Friendship

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 25 1906 that I last saw h[er] alive on July 25 1906 and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

(DURATION) 60 DAYS

Con'tributory (Primary.) Pulmonary Hemorrhage (DURATION) DAYS

(Signed) T. E. Daugherty M.D.

Address 2506 Pennsylvania Ave

Date Balto 7/25 1906

Place of Burial Union Church Randallstown Baltimore Co

Date July 29 1906

Undertaker Wm. J. Johnson

Address 1400 E. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 92134

92134

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Edmondson Av. near McCulloh St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie B. Braxton

{ Residence, if in Baltimore, Give Street and Number. } 1819 Etting str

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: (Month) Dec. (Day) 1	
AGE: 23 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Benjamin Garrett
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Annie Braxton
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Johnson

(Address) Eathorn & Preston

Filed 7/26 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull from Collision with Electric Street Car. Killed instantly (DURATION) ... DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) Wilson Barnum M.D.

Address 700 Log. Av. (Corner)

Date July 25th 1906

Place of Burial Mt Auburn Cem.

Date July 26 1906

Undertaker Wm J. Johnson

Address 1400 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 4 — 92135 — Registered No. B 92135

CERTIFICATE OF DEATH.

(Place of Death.) No. 1917 Union ave. St. — (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elmer Gordon

{Residence, if in Baltimore, Give Street and Number.} 1917 Union Av.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 7 1906
AGE	....years, 4 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Gordon
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Virginia Parker
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Gorden

(Address) 1917 Mion ave

Filed 7/26 1906

HARRY O. ANDREWS, DEPUTY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 — 1906

I HEREBY CERTIFY, That I attended deceased from July 11 — 1906 to July 24 — 1906

that I last saw h.. alive on July 24 — 1906

and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Gastro-enteritis

3 weeks (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date July 24 — 1906

Place of Burial Baltimore

Date July 26 1906

Undertaker Henry Lutz

Address 1006 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92136

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

92136

Registered No. B .....

City of Baltimore, (No. 227 S Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Heinz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24th 1916 — July (Month) 24 (Day) 1906 (Year)

AGE: 12 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: August Heinz

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Dorothea Hausler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father & Child August Heinz

(Address) No 227 S Fremont Ave.

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24th. 1906 — July (Month) 24th. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to July 24th 1906

that I last saw her alive on July 24 11:45 PM 1906,

and that death occurred, on the date stated above, at 227 Fremont Ave. The CAUSE OF DEATH was as follows:

Primary: Inflammatory Rheumatism

Immediate: Valvular Cardiac Trouble & Anemia

4 months (DURATION) 120 DAYS

Contributory: Climate

4 months (DURATION) 120 DAYS

(Signed) Dom. H. Landisi M. D.

July 25 1906 (Address) 721 Columbia Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 27 1906

UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

92137 Registered No. B 92137

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 110 Chestnut St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene Mack.

{Residence, if in Baltimore, Give Street and Number.} 110 Chestnut St.

Duration of Residence in Baltimore all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B.

DATE OF BIRTH January 5 1906

AGE ..... years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Edward Mack

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sadie Martin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Mack

(Address) 110 Chestnut St

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 20 1906 that I last saw h[illegible] alive on July 23 1906; and that death occurred, on the date stated above, at 7 ~~A.M.~~ P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 4 DAYS

(Signed) E. V. Gaither M.D.

Address North Eastern Dispensary

Date July 25 1906

Place of Burial Asbury

Date July 26th 1906

Undertaker Wm. G. Jackson

Address 1421 Franklin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 92138 — Registered No. B 92138

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1143 Carrol Ave-Hampden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary C. Meeker

{Residence, if in Baltimore, Give Street and Number.} 1143 Carrol Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH: January 30th 1905

AGE: — years, 18 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sued

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm F. Meeker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie A Slater

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Sued

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Meeker

(Address) 1143 Carrol Ave

Filed 7/26 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 24 1906 that I last saw her alive on July 24 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) Dysentery

(DURATION) 30 DAYS

(Signed) Wm. H. Feddeman M.D.

Address 800 1st Ave

Date July 26th 1906

Place of Burial St Marys Hampden

Date July 26 1906

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92139

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B 92139

City of Baltimore, (No. 1600 Linden Avenue St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Max Lindau

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 18th 1829 (Month) (Day) (Year)

AGE: 76 years, 9 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Julius Lindau

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Miriam Einstein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Of (Retired) Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rita S. Lindau

(Address) 1600 Linden Ave

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15th 1903 to July 24th 1906 that I last saw him alive on July 24th 1906, and that death occurred, on the date stated above, at 3.10 P.M. The CAUSE OF DEATH was as follows:

Diabetes mellitus 25 years (DURATION) ~~DAYS~~

Contributory Bronchopneumonia (DURATION) 1 DAYS

(Signed) Chas P. Hausburger M. D.

July 25 1906 (Address) 1210 Eutaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Chev Shalom

DATE OF BURIAL: July 26 1906

UNDERTAKER: Hart & Sondheim

ADDRESS: 213 Madison

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 92140 — Registered No. B 92140

CERTIFICATE OF DEATH.

42

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs Josephine Regester

{Residence, if in Baltimore, Give Street and Number.} 1144 E. North.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 10th 1864

AGE: 42 years, — months, — 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Boston Mass

FULL NAME OF FATHER: Chas L.

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Anna Pickering

BIRTHPLACE OF MOTHER (State or country): Boston Mass

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. J. Regester

(Address) 1144 E. North ave.

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 24 1906 that I last saw h[illegible] alive on July 24 1906, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hypraemia following operation

(DURATION) DAYS

Contributory (Primary) Carcinoma of Uterus (a.o.z)

(DURATION) DAYS

(Signed) B. Wens M.D.

Address St Joseph's Hospital

Date July 24 1906

Place of Burial Balto. Cem.

Date July 26th 1906

Undertaker John B. Lippel

Address 10th & Hartford Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the cause and date of death.

92141

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH. 92141

Registered No. B.....

City of Baltimore, (No. 2037, E Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank May Steinbrecher

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 8th 1906 (Month) (Day) (Year)
AGE	..... years, 6 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	——
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Edward Kimball
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Virginia Smith
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary F. Steinbrech

(Address) 2037 E Biddle St.

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 6th 1906 to July 24th 1906

that I last saw h alive on July 23rd 1906,

and that death occurred, on the date stated above, at 9:45 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 38 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) Gilbert H. Fitzgerald M. D.

1906 (Address) 1257 N. Patterson Park Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto Cemetery

DATE OF BURIAL July 24 1906

UNDERTAKER Geo Rossett

ADDRESS 1442 N Gay

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

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92142

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92142

City of Baltimore, (No. 2107 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Zahn Turner

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 25 1906 that I last saw h er alive on July [illegible] 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) W. P. Kaelin M. D.

July 25 1906 (Address) 1841 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Zion	July 27 1906
UNDERTAKER	ADDRESS
James H Dennis	1332 Presstman

WM. J. C. DULANY CO., BALTIMORE.

105

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...PARTMENT, City of Baltimore.

Ward ..... 92143 Registered No. B 92143

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Dolan Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27

Full Name Mamie Dyers.

{Residence, if in Baltimore, Give Street and Number.} 2011 Bohemian Ct.

Duration of Residence in Baltimore. 18 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 18 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emil Myer

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Josefa Stacek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dyer

(Address) 2011 Bohemian Ave

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24. 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 24 1906 that I last saw h.. alive on July 24 1906, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis.

6 months.

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary tuberculosis

..... (DURATION) ..... DAYS

(Signed) Henry White M.D.

Address Mt Wilson Md.

Date July 25. 1906.

Place of Burial Loudon Park

Date July 26 1906

Undertaker Grant Grach

Address 90 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92144 — Registered No. B 92144

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elma Myers.

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH July 1 1906

AGE ~~years~~, ~~months~~, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Calif

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/25 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 25 1906

that I last saw h~~er~~ alive on July 25 1906

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Hayward, M.D.

Address 1307 N Caroline

Date 7/25 1906

Place of Burial New Cathedral

Date July 26th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

92145

Registered No. B 92145

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Padgett.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	Apr 25 1906
AGE	... years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/26 1906

HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from Apr 25 1906 to July 25 1906 that I last saw h[illegible] alive on July 24 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) E. H. Hayward M.D.

Address 1207 Carlton St

Date 7/26 1906

Place of Burial New Cathedral

Date July 26th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, **to furnish within eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

92146

Registered No. B 92146

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Clyde

{Residence, if in Baltimore, Give Street and Number.} St Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	July 20 1906
AGE	years 7 months 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	L
BIRTHPLACE OF FATHER (State or country)	L
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/26 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/25 1906

I HEREBY CERTIFY, That I attended deceased from May 25 1906 to July 25 1906

that I last saw h[illegible] alive on July 24 1906,

and that death occurred, on the date stated above, at 2 & [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N. Caroline

Date 7/25 1906

Place of Burial New Cathedral

Date July 26th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92147 — Registered No. B 92147

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hettie Hallie

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F	COLOR: W
DATE OF BIRTH: May 22 1906	
AGE: ..... years, 2 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: ✓	
BIRTHPLACE OF MOTHER (State or country): ✓	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/26 1906

BARRY O'. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from May 22 1906 to July 25 1906

that I last saw h.r alive on July 24 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1200 N Caroline St

Date 7/25 1906

Place of Burial New Cathedral

Date July 26th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92148 — Registered No. B 92148

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 711 Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Carrigan

{Residence, if in Baltimore, Give Street and Number.} 711 Appleton St

Duration of Residence in Baltimore. Thirty (30) years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: April 16 1846

AGE: 60 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Lancaster

FULL NAME OF FATHER: James Appleby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Caroline Koffenberger

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen J Talbott

(Address) 711 Appleton St.

Filed July 26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1906

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to July 25th 1906

that I last saw h[illegible] alive on July 24th 1906

and that death occurred, on the date stated above, at 12 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery & Asthenia.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Fayette St

Date July 25th 1906

Place of Burial Loudon Park

Date July 27 1906

Undertaker Jas. Lorsdeers Sons

Address 247 S. Penn

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

92149

Registered No. B 92149

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1723 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Heimmber

{Residence, if in Baltimore, Give Street and Number.} 1723 Lemmon

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: December 22 1831

AGE: 74 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rau

(Address) 1723 Lemmon st

Filed Jul 26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from Jan 15 1906 to July 25 1906 that I last saw h alive on July 24 1906 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 190 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Guy F. Phillips M.D.

Address 1929 Madison Ave

Date July 25 1906

Place of Burial London Park Cem

Date July 28 1906

Undertaker Jos. Joerdans. Son

Address 267 S. Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92150

24

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92150

City of Baltimore, (No. 1616 Clement St. 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Sauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July (Month) 24 (Day) 1906 (Year)

AGE 0 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Sauer

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Polly Mary Mayer

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Sauer

(Address) 1616 Clement St

Filed July 26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 24 1906 that I last saw h alive on July 24 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Colon - Enteritis.

(1) (DURATION) 14 DAYS

Contributory Anaemia & Uremia

(2) Exhaustion (DURATION) 5 DAYS

(Signed) James Cooper M. D.

1906 (Address) 1822 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cedar Hill | DATE OF BURIAL July 26 1906

UNDERTAKER Jos. Stuntebeck | ADDRESS 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 92151 — Registered No. B 92151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Ida Walker

{Residence, if in Baltimore, Give Street and Number.} 1823 E. Lombard

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 26 1906

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Albert Walker

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa.

MAIDEN NAME OF MOTHER: Martha Schwartz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Walker

(Address) 1823 E. Lombard st

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 26 1906 that I last saw h e alive on July 26 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hours

Contributory (Primary.) Gastritis

(DURATION) 2 DAYS

(Signed) Erhen Boas M.D.

Address 1412 Light St

Date July 26th 1906

Place of Burial Baltimore

Date July 27th 1906

Undertaker Jos. Stanton Clerk

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 92152 — Registered No. B 92152

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 N. Montford Ave St. ~~X~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John A. Evans

{ Residence, if in Baltimore, Give Street and Number. } 237 N. Montford Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH July 20th 1906

AGE ..... years, ... months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Isaac Evans

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Maggie Dayley

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Evans

(Address) 237 N. Montford Ave

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 4 1906

that I last saw him alive on July 24 1906

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) Fredk J. Dilkes M.D.

Address 2486. Fayette

Date July 25, 1906

Place of Burial St Patricks Cemetary

Date July 26 1906

Undertaker Christian Miller

Address Jefferson & Montford Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 92153 — Registered No. B 92153

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Hebrew Cemetery Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Lear

{Residence, if in Baltimore, Give Street and Number.} Franklinville, Balto., Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 1896

AGE: 10 years, 1 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Harf. Co Md.

FULL NAME OF FATHER: Chas. Lear

BIRTHPLACE OF FATHER (State or country): Harf. Co. Md.

MAIDEN NAME OF MOTHER: Matilda Morgan

BIRTHPLACE OF MOTHER (State or country): Harf. Co Md.

OCCUPATION OF DECEASED: Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Lear

(Address) Franklinville, Md

Filed 7/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to July 25 1906 that I last saw h alive on July 25 1906, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 1 DAYS

Contributory (Primary.) Appendicitis

Acute Intussusception (DURATION) 2 DAYS

(Signed) C. Ross Engley Jr. M.D.

Address Hebrew Cemetery

Date July 26th 1906

Place of Burial Fulton Harford County Md

Date July 26th 1906

Undertaker Christie Miller

Address 1620 Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 92154

City of Baltimore, (No. 243, St. Regulet St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth E. Grayson —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January (Month) 8 (Day) 1906 (Year)

AGE: ..... years, ... months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED: Single

BIRTHPLACE (State or country): D.C.

FULL NAME OF FATHER: Wm Grayson

BIRTHPLACE OF FATHER (State or country): D. C.

MAIDEN NAME OF MOTHER: Mary E. Lewis

BIRTHPLACE OF MOTHER (State or country): D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Grayson

(Address) 243 N. Regulet St.

Filed 7/26 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1906 2 P.M. to July 24 1906

that I last saw h.. alive on July 24 1906,

and that death occurred, on the date stated above, at 4.40 P.M. The CAUSE OF DEATH was as follows:

Convulsions.

a few hours (DURATION) ..... DAYS

Contributory Cerebral Congestion

a few hours (DURATION) ..... DAYS

(Signed) Geo. L. Wilkins M. D.

July 24 1906 (Address) 6 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL: July 26 1906

UNDERTAKER: J. Landau Son ADDRESS: 1710 Canton Av.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 92155 — Registered No. B 92155

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 615 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kyblan

{ Residence, if in Baltimore, Give Street and Number. } 615 S Dallas

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 12 1905

AGE: years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Albert Kyblan.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Gerszic.

BIRTHPLACE OF MOTHER (State or country): Austria.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kyblan

(Address) 615 S. Dallas St

Filed 7/26 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1905 to July 25 1906

that I last saw h— alive on July 25 1906,

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) about 1 wk DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kleinman M.D.

Address 16 E Baltimore

Date July 26 1906

Place of Burial St Stanislaus —

Date Thursday July 26, 1906

Undertaker M. F. Pulowska.

Address 703 E. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 92156

92156

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 35th St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances. Elizabeth. Beach.

{ Residence, if in Baltimore, Give Street and Number. } 710 35th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: White
DATE OF BIRTH: April 8th 1906.	
AGE: ..... years, 3 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———	
BIRTHPLACE (State or country): Balto City	
FULL NAME OF FATHER: Edgar. F. Beach	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Annie. Abel.	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar. F. Beach

(Address) 710 · 35th St.

Filed 7/26 1906

Registrar

MARY D. ANDREWS, DEPUTY CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 26 1906 that I last saw h er alive on July 25 1906, and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 4 DAYS

Con ributery (Primary.) Tubercular Meningitis (DURATION) 15 DAYS

(Signed) R B Hammett M.D.

Address 3543 Chestnut Ave

Date July 26th 1906

Place of Burial Ocquann Va.

Date July 28th 1906.

Undertaker Wm E. Chenowith & Son

Address 919 - 3rd Ave. Hampden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 92157 — Registered No. B 92157

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Kilroy

{Residence, if in Baltimore, Give Street and Number.} 511 Hickory Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 7 1905
AGE	..... years, 11 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Martin L. Kilroy
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Kate Mulcahy
BIRTHPLACE OF MOTHER (State or country)	U.S.A.
OCCUPATION OF DECEASED	In Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Kilroy

(Address) 511 Hickory Ave

Filed 7/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to July 26 1906 that I last saw her alive on July 25 1906, and that death occurred, on the date stated above, at 1.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera infantum
& Meningitis

(DURATION) 16 DAYS

Con'tributory (Primary.) Cholera infantum & Meningitis (DURATION) 10 DAYS

(Signed) D. F. Smith M.D.

Address 706-3rd

Date July 26 1906

Place of Burial St Mary Govanstown

Date July 27 1906

Undertaker A. S. Mayo & Son

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...EALTH ... T, City of Baltimore.

Ward 22

92158 Registered No. B 92158

CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)
Mt Wilson Md.

Full Name Salvatore Peronisi

{Residence, if in Baltimore, Give Street and Number.} 600 S. Paca St.

Duration of Residence in Baltimore. Life 4 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1

AGE: ... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20. 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 20. 1906 that I last saw him alive on July 20 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ileo colitis & Peritonitis.

6 weeks. (DURATION) — DAYS

Contributory (Primary) Ileo colitis.

2 weeks (DURATION) — DAYS

(Signed) Henry Whittle M.D.

Address Mt. Wilson.

Date July 24. 1906

JOHNS HOPKINS HOSPITAL
JUL 25 1906
FOR ANATOMICAL PURPOSES

Place of Burial

Date 190

Undertaker —

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

207

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**
notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate
setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person
deceased, and the **cause and date of death.**

20

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 92159 — Registered No. B 92159

CERTIFICATE OF DEATH.

(Place of Death.) No. 81 Josselyn Harford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bender

{Residence, if in Baltimore, Give Street and Number.} 505 President

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH	1
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Not Known
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Cullen M.D.

Address Cor Eutaw & Lex

Date July 25 - 06 190

JOHNS HOPKINS HOSPITAL
JUL 26 1906
Commissioner Health
FOR ANATOMICAL PURPOSES

Place of Burial

Date 190

Undertaker

Address Health Department

Morgue

WM. J. C. DULANY CO., BALTIMORE

20

..., City of Baltimore.

92160

Ward 9 C

92160 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Jones

{Residence, if in Baltimore, Give Street and Number.} 120 Hampton St.

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 20 1906 that I last saw h.. alive on July 19 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ... DAYS

Contributory (Primary.) Double Labar Pneumonia (DURATION) ... DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hospital

Date July 20 1906

JOHNS HOPKINS HOSPITAL
JUL 26 1906

Place of Burial

Date ... 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

yp

morgue

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 92161 — Registered No. B 92161

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Vessel

{Residence, if in Baltimore, Give Street and Number.} 1526 Fairmount Ave

Duration of Residence in Baltimore. Nat'l Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Nat'l Known

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/26 1906 — HARRY C. ANDREWS, PERMIT CLERK

Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 7.36 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dr. J. Cunniffe M.D.

Address 1 Jones Wks

Date July 25 - 06 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 26 1906 190...

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Morgue

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92162 Registered No. B 92162

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Quinn

{Residence, if in Baltimore, Give Street and Number.} 1006 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Sept. 19 1905

AGE ..... years, 10 months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER George Quinn

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Margaret Magee

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. George Magee

(Address) 1006 Chesapeake St.

Filed 7/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 24 1906 that I last saw her alive on July 24 1906, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 2 wks DAYS

Contributory (Primary.)

Exhaustion (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S Caroline St

Date July 25 1906

Place of Burial Holy Cross Cem.

Date July 26th 1906

Undertaker John A. Inoran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, C

4.

92163 *Registered No.*

CERTIFICATE OF DEATH.

109

(Place of Death.) *No.* City Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph. R. Jennings

{ Residence, if in Baltimore, Give Street and Number. } Mitchellville · Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W.
DATE OF BIRTH	October 12th 1856
AGE	49 years, 9 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Richmond Va
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Nurseryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Jennings

(Address) Mitchellville Md.

Filed 7/26/06 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from May 5 1906 to July 24 1906 that I last saw him alive on July 24 1906, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion & Inanition

(DURATION) DAYS

Contributory (Primary.) Fecal Abscess & Sinus (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 24 1906

Place of Burial Greenmount Cemetery

Date July 27th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be ysician who attended during his or her last sickness, or the Coroner, when the case comes under his ithin **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate s the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person se **and date of death.**

HEALTH

92164 Regist

CERTIFICATE OF DEATH.

No. 221 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Baker.

{ Residence, if in Baltimore, Give Street and Number. } 221 S. Gilmor St

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov 27th 1848
AGE	57 years, 7 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto city md
FULL NAME OF FATHER	John Baker
BIRTHPLACE OF FATHER (State or country)	Balto city md
MAIDEN NAME OF MOTHER	Jane Fitzgerald
BIRTHPLACE OF MOTHER (State or country)	Balto city md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) sister

(Address) 221 S. Gilmor St

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from June 26 1906 to July 24 1906 that I last saw h alive on July 23 1906, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

from History

(DURATION) 90 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward H. Co M.D.

Address 1403 W Fayette St

Date July 24 1906

Place of Burial Western cemetery

Date July 27th 1906

Undertaker Geo J Smith Co

Address 1600 W. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

...and be it further enacted and ordained, That whenever any person shall die in the said city it shall be ...ysician who attended during his or her last sickness, or the Coroner, when the case comes under his ...hin eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate ...the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person ...d date of death.

...se and date of death.

Ward ..... Registered No. B 92165

92165

CERTIFICATE OF DEATH.

(Place of Death.) No. 3124 Hait ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name. Sadie a. Naldeu

{Residence, if in Baltimore, Give Street and Number.} 3124 Hait ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 29th 1882

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Archibald Stewart

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Maggie Goodman

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Home Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Naldeu

(Address) 3124 Hait ave

Filed 7/26 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1906

I HEREBY CERTIFY, That I attended deceased from April 3 1906 to July 24 1906

that I last saw h.. alive on ..... 19..

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

6 mos (DURATION)

Contributory (Primary) Cardiac failure

(DURATION)

(Signed) C. S. Mayer M.D.

Address 619 Park Ave

Date July 24 1906

Place of Burial Mt Lebanon July 26 1906

Date July 26th 1906

Undertaker John J. C

Address 901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

92166

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 92166

City of Baltimore, (No. Belview ave near Eldorado ave St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Florence Elizabeth Mallonee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan/Nov (Month) 17 (Day) 1879 (Year)

AGE 26 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Warner

BIRTHPLACE OF FATHER (State or country) Frederick Co. Md.

MAIDEN NAME OF MOTHER Margaret Style

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Mallonee

(Address) West Arlington

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from in the year of 3 hrs. 190 to 190

that I last saw h alive on July 24 11.00P.M. 190 6

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Chronic Nefritis; Uremia Total loss of sight.

(DURATION) DAYS

Contributory Valvular regurgitation (mitral)

(DURATION) DAYS

(Signed) Henry Russell M. D.

7-25 1906 (Address) West Arlington Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 27 1906
UNDERTAKER	ADDRESS
Geo. Weber	1455 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 — 92167 — Registered No. B 92167

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 630 S Bond St (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Stefania Rosanowicz

{Residence, if in Baltimore, Give Street and Number.} 630 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23 1906

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Frank Rosanowicz.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Frances Michowiak

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Rosanowicz.

(Address) 630 S. Bond St

Filed 7/26 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to July 25 1906

that I last saw h[er] alive on July 24 1906

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

and Bowels (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date July 25 1906

Place of Burial St Stanislaus

Date Thursday July 26

Undertaker M. J. Budowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — HEALTH DEPARTMENT, City of Baltimore.

92168 Registered No. B 92168

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 265 4 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Bell

{Residence, if in Baltimore, Give Street and Number.} 265 4 York Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 27 1906.

AGE 19 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thos. L. Bell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jennie D. Kilduff

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos L. Bell

(Address) 265 4 Yk Rd.

Filed 7/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.20 a. M. CAUSE OF DEATH (Secondary or Immediate)

Shock due to bullet penetrating heart & lungs.

Fired accidentally by Albert E. Bell (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Charles Leitheiser M.D.

Address 1818 N. Charles St

Date JUL 24 1906 190

Place of Burial New Cathedral

Date July 27. 1906

Undertaker E A Wiedefeld Jr

Address 211 E Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

92169

Ward 3

Registered No. B 92169

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1428 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredrick Howe

{ Residence, if in Baltimore, Give Street and Number. } 1428 Bank St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Kizel

(Address) 1420 Bank St

Filed July 27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 326 N Gaeens St

Date July 26 1906

Place of Burial Schwartz Cemetery

Date July 27 1906

Undertaker Randall Dippel & Son

Address 3308 Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 92170 — Registered No. B 92170

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Caplan

{ Residence, if in Baltimore, Give Street and Number. } 831 N. Durham St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Caplan

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Pinkh

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed July 27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 26 1906 that I last saw h alive on July 26 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Consumption (DURATION) ..... DAYS

(Signed) W. W. Owens M.D.

Address Bay View Asylum

Date July 26 1906

Place of Burial Holy Redeemer

Date July 27 1906

Undertaker Frank Brach

Address 1904 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 92171 Registered No. B 92171

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Church St. (Calvaton) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophie E. Green

{Residence, if in Baltimore, Give Street and Number.} 707 Church st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: July 14th 1904

AGE: — years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): 707 Church st

FULL NAME OF FATHER: Frank Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edith Simpson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Green

(Address) 707 Church st

Filed July 27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Corner)

Date July 26th 1906

Place of Burial Mt Calvert Cem.

Date July 27th 1906

Undertaker, Mrs. Hunter Easton & Sons

Address Ellicott City

~~Lady furnish coffin for this child and they are going to take it to the Country~~

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92172

Ward ..... Registered No. B 92172

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Anderson.

{ Residence, if in Baltimore, Give Street and Number. } Bolivar Tenn.

Duration of Residence in Baltimore. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Tennessee

FULL NAME OF FATHER W. H. Anderson

BIRTHPLACE OF FATHER (State or country) Tennessee.

MAIDEN NAME OF MOTHER Elizabeth Perry

BIRTHPLACE OF MOTHER (State or country) ? F

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Deloach.

(Address) Thompsontown Tenn

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 26 1906 that I last saw h alive on July 26 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Genital Organs.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Rufus I. Cole M.D.

Address John Hopkins Hospital.

Date July 26 1906

Place of Burial Bolivar Tenn

Date JUL 27 1906 190

Undertaker Wm O Fry

Address 811 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92173

Registered No. B .....

City of Baltimore, (No. 24 E Cross St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Clifford Gonder

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 12th 1906 (Month) (Day) (Year)

AGE: ..... years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles G. Gonder

BIRTHPLACE OF FATHER (State or country): Franklin Co. Pa.

MAIDEN NAME OF MOTHER: Agnes McCabey

BIRTHPLACE OF MOTHER (State or country): Harrisburg Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Mc Caffrey

(Address) 24 E Cross st.

Filed 7/27 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 25th 1906 that I last saw h.m. alive on July 24 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Marasmus

Sore throat (DURATION) ..... DAYS

Contributory Gastro Enteritis

(DURATION) 2 wks. DAYS

(Signed) Wm. McDonald M. D.

July 26 1906 (Address) 1302 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: July 27th 1906

UNDERTAKER: Jos. Stuntebeck — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 Registered No. B 92174

92174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Olive St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian S Schwabeland

{ Residence, if in Baltimore, Give Street and Number. } 1526 Olive St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 20 1906

AGE — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Schwabeland

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elenora Hutton

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schwabeland (father)

(Address) 1526 Olive St

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

Premature Birth

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Chas McFenneland M.D.

Address Coroner

Date July 27 1906

Place of Burial Cedar Hill

Date July 28th 1906

Undertaker Jos. Shumtelucke

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 92175 — Registered No. B 92175

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Consolidation Coal Pier Locust Point St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Grauling

{Residence, if in Baltimore, Give Street and Number.} 1401 Nicholson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cristina Grauling

(Address) 1401 Nicholson St

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Geo. M. Feinhardt M.D.

Address Coroner

Date July 27, 1906

Place of Burial Cedar Hill

Date July 27th 1906

Undertaker Jos. Shuntleff

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 7X 92176 Registered No. B 92176.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1827 Westfhal Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian R. Donnellan

{Residence, if in Baltimore, Give Street and Number.} 1827 Westfhal Place

Duration of Residence in Baltimore. 4 mos 24 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 2 1906

AGE: [illegible] years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George D. Donnellan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: ~~Dorothy Lindenfelder~~ Paulina C. Metzler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Donnellan

(Address) 1827 Westfhal Pl

Filed 7/27 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to July 26 1906 that I last saw her alive on July 21 1906 and that death occurred, on the date stated above, at 7.35 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 15 DAYS

Con'ributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) Wm. Lester Stifler M.D.

Address 1409 Light St

Date July 26 1906

Place of Burial Mount Olivet

Date July 27th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92177 Registered No. B 92177

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Nannie Pinkey

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 57 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lester Holyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to July 26 1906 that I last saw h[er] alive on July 26 1906, and that death occurred, on the date stated above, at 12 25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis Acute

..... (DURATION) ..... DAYS

Contributory (Primary.) Obstruction

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Bay View Asylum

Date July 26 1906

Place of Burial Camp Field Sect. C

Date July 28 1906

Undertaker C. H. Kraft

Address Pikesville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

92178

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B 92178

City of Baltimore, (No. 219 W. Henrietta St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Henftling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 12 1831 (Month) (Day) (Year)

AGE: 74 years, 11 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Bast

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henftling

(Address) 219 W. Henrietta St.

Filed 7/27 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1906 to July 26 1906 that I last saw her alive on July 26th 1906, and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH was as follows:

Gastric Carcinoma

(DURATION) 6 months

Contributory Exanition

(DURATION) 6 months

(Signed) Wm. Gwinnell M. D.

July 27th 1906 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: July 28 1906

UNDERTAKER: Ph. J. Dill & Son

ADDRESS: 746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 4

92179 Registered No. B 92179

166

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Matheny

{ Residence, if in Baltimore, Give Street and Number. } 209 W. Mulberry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1.....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos B Cook

(Address) 1003 W Balto St

Filed 7/27 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 9.40 M. CAUSE OF DEATH (Secondary or Immediate.)

Electric Shock Accidental

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred H Cullen M.D.

Address Coroner

Date July 27 — 06 190

Place of Burial Frederick City Md

Date July 27 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 21 92180 Registered No. B 92180

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 334 S Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret F. Smith

{ Residence, if in Baltimore, Give Street and Number. } 334 S Fremont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 14 Feb 1904

AGE 2 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frederick C Smith

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Amelia H Hengmum

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia H Hengmum

(Address) 334 S. Fremont

Filed 7/27 1906 HARRY O. ANDREWS, REGISTRAR OF WILLS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 25 1906 that I last saw h[illegible] alive on July 25 1906, and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

(DURATION) 6 DAYS

Contributory (Primary) Confusion

(DURATION) 1 DAYS

(Signed) Edwd [illegible] M.D.

Address 617 Lexington

Date July 25 1906

Place of Burial Loudon Park

Date Friday July 27 1906

Undertaker Wm. J. Tickner & Sons

Address Landsdowne & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92181

City of Baltimore, (No. 553 Union Street St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martin Kern

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Octo. (Month) 7 (Day) 1827 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Fredrick Kern

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Meyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mc. Kenna

(Address) 553 Union St

Filed July 27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 25 1906 that I last saw h alive on July 25 1906, and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Hemorrhage (DURATION) — DAYS

Contributory ... (DURATION) ... DAYS

(Signed) F. Stratmeyer (Dan) M. D.

July 27 1906 (Address) 1827 N Calvert St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: July 28 1906

UNDERTAKER: Geo. Bruns — ADDRESS 554 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 92182

CERTIFICATE OF DEATH.

27

(Place of Death.) No. In front of 677 Bradley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Fiddiney

{ Residence, if in Baltimore, Give Street and Number. } Rear of 678 Bradley St

Duration of Residence in Baltimore... 40 Yrs

B. 92182,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Fiddiney

(Address) 711 Little Sharpe St.

Filed July 27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Consumption

about 4 yrs (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Wm Boardman M.D.

Address 700 Log. Av. (Corner)

Date July 26 th 1906

Place of Burial Mt Auburn

Date July 28 1906

Undertaker Alex H Emsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the nearest relative, or the undertaker, or other person having notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 92183 — Registered No. B 92183

CERTIFICATE OF DEATH.

93.

(Place of Death.) No 200 E Hughes ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Frelinger

{Residence, if in Baltimore, Give Street and Number.} 200 E Hughes ave

Duration of Residence in Baltimore. 30 yrs

D 92183

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 17 1867

AGE 30 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Penn

FULL NAME OF FATHER Florenz Frelinger

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Kath Lawlor

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs K Fitzpatrick

(Address) 200 E Hughes ave

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 26 1906 that I last saw h in alive on 7/26 1906, and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Frelinger M.D.

Address 200 E Hughes ave

Date 7. 26 1906

Place of Burial Cathedral Cemetery

Date July 28 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92184

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92184

City of Baltimore, (No. 1368, Andre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly Burd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1906 (Year)

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Peter Burd

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Lilly Ward

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Burd

(Address) 1368 Andre

Filed 7/27 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 26 1906

that I last saw her alive on July 26 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) J. H. Gusham M. D.

July 27 1906 (Address) 1303 Light St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Pauls Cem.

DATE OF BURIAL: July 27 1906

UNDERTAKER: H. SANDER & SONS,

ADDRESS: ~~1708-1710 Canton Avenue,~~ S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

101

CERTIFICATE OF DEATH.

Registered No. B 92185

City of Baltimore, (No. 3107, Elliott St.; 10th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer Elsworth Marsheck

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Nov. 25th 1901 (Month) (Day) (Year)

AGE: 4 years, 8 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George Marsheck.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Jane Lindemore

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Marsheck

(Address) 3107 Elliott St.

Filed 7/27 1906 BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 26 1906

that I last saw h— alive on July 26 1906,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

1 Exhaustion & toxemia
(Intestinal septicemia)

(DURATION) 3 DAYS

Contributory Hypostatic pneumonia of both lungs

(DURATION) 14 DAYS

(Signed) H. W. Bourgeois M. D.

July 26 1906 (Address) 811 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Carmel

DATE OF BURIAL: July 29 1906

UNDERTAKER: H. Gorsuch & Son

ADDRESS: 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92186 Registered No. B .....

CERTIFICATE OF DEATH.

D. 92196

(Place of Death.) No. 620 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Agnes Slodowy

{ Residence, if in Baltimore, Give Street and Number. } since birth 620 S. Montford Ave

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 6 1906

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Roman Slodowy

BIRTHPLACE OF FATHER (State or country): Pittsburg Pa

MAIDEN NAME OF MOTHER: Rose Lienhard

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roman Slodowy

(Address) 620 S. Montford Ave

Filed 7/27 1906 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 27 1906 that I last saw h.. alive on July 26 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. E. Rauch M.D.

Address 2000 E. Baltimore

Date July 27 1906

Place of Burial Holy Rosary

Date July 28 1906

Undertaker Jacob Trautwein

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92187 Registered No. B 92187

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 818 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Smiadek

{ Residence, if in Baltimore, Give Street and Number. } # 818 S. Bond St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 27 November 1905

AGE — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER Ignacy Siniadek

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Annie Kucionna

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ignacy Siniadek

(Address) 818 S Bond St.

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th, 1906

I HEREBY CERTIFY, That I attended deceased from July 22, 1906 to July 26 1906 that I last saw h[illegible] alive on July 25 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition,

Life-time (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St.

Date July 26th 1906

Place of Burial Holy Rosary

Date July 27 1906

Undertaker Jacob Fiaskowski

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 92188 — Registered No. B 92188

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1430 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel D. Emminger

{Residence, if in Baltimore, Give Street and Number.} 1430 Jackson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Feb. 9 1906

AGE: ..... years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Ira N. Emminger

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Magie Thomas

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira Emminger

(Address) 1430 Jackson

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 26 1906 that I last saw him alive on 7.26 1906, and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus &
Gastro Enteritis

(DURATION) 3d DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. J. Dunnington M.D.

Address 1518 E Fort ave

Date 7.26 1906

Place of Burial Cedar Hill

Date July 27, 1906

Undertaker Edw. J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 92189 Registered No. B 92189

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1052 Raborg St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Arena Larkins

{Residence, if in Baltimore, Give Street and Number.} 1052 Raborg St B92189

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unk 1

AGE 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Howard Larkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Rosetta Williams

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Jenkins

(Address) 1052 Raborg St

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 25 1906

that I last saw h.. alive on July 25 1906

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Con'ributory (Primary.) Atelectasis

(DURATION) 1 DAYS

(Signed) J. Monroe M.D.

Address 739 W Fayette St

Date July 25 1906

Place of Burial Mt Auburn

Date July 27 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... 92190 Registered No. B 92190

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 130. Pearl St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Geglio.

{ Residence, if in Baltimore, Give Street and Number. } 130 Pearl St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 18th Sept. 1888

AGE 17 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S -

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER Salvatore Geglio.

BIRTHPLACE OF FATHER (State or country) Italy -

MAIDEN NAME OF MOTHER Rosaria Maiorana

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED Fruit vender.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosaria Geglio.

(Address) 130 Pearl St.

Filed 7/26 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 — 26 — 1906

I HEREBY CERTIFY, That I attended deceased from Jan 6 1904 to 7-24 1906 that I last saw h[illegible] alive on 7-24 1906, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate) Syphylis. necrosis of hard palate & septum of nose & post pharyngeal wall (DURATION) 2 yrs

Contributory (Primary) General debility (DURATION) 30 DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden Ave

Date 7 — 27 — 1906

Place of Burial St. Vincents Cem.

Date July. 27. 1906.

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

92191 Registered No. B

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 W. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Peter Skipps

{Residence, if in Baltimore, Give Street and Number.} 706 W. Lombard St

Duration of Residence in Baltimore. Life

D. 92191

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 24" 1897. x

AGE: 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Vincent Skipps

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Elizabeth Veitsis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of child

(Address) 706 W. Lombard St

Filed 7/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1906

I HEREBY CERTIFY, That I attended deceased from July 23, 1906 to July 26, 1906 that I last saw h[illegible] alive on July 25, 1906, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) DAYS

(Signed) Albert T. Chambers M.D.

Address 614 S. Paca St

Date July 26, 1906

Place of Burial St Thomas Cemetery

Date July 28" 1906

Undertaker N S Sims

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B 92192

92192

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanislaus Bisalicki

{ Residence, if in Baltimore, Give Street and Number. } 10 W Cookpine St - Forest Pk

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russian Poland

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1906

I HEREBY CERTIFY, That I attended deceased from June 9th 1906 to July 25th 1906

that I last saw h[illegible] alive on July 25th 1906

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate) Septicemia -

(DURATION) DAYS

Contributory (Primary.) Sub-Diaphragmatic Abscess

(DURATION) DAYS

(Signed) J. C. Irwin M.D.

Address St Joseph's Hospital

Date July 26th 1906

JOHNS HOPKINS HOSPITAL

Place of Burial

Date JUL 26 1906 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28

CERTIFICATE OF DEATH.

Registered No. B 92193

City of Baltimore, (No. 2442 Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Wiseman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: June (Month) 2 (Day) 1900 (Year)
AGE: 6 years, 1 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child
BIRTHPLACE (State or country): Baltimore Md
FULL NAME OF FATHER: Frank Henry Wiseman
BIRTHPLACE OF FATHER (State or country): Baltimore Md
MAIDEN NAME OF MOTHER: Annie Katherine Mary
BIRTHPLACE OF MOTHER (State or country): Baltimore Md
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H Wiseman
(Address) 2442 Francis St

Filed 7/27 1906
HARRY C. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July ~~26~~ (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to July 26 1906 that I last saw h[er] alive on July 26 1906, and that death occurred, on the date stated above, at 4.20 P. M. The CAUSE OF DEATH was as follows:

Tuberculous meningitis

(DURATION) 26 DAYS

Contributory

(DURATION) DAYS

(Signed) D W Cathell M. D.
July 27 1906 (Address) 1308 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	July 28 1906
UNDERTAKER	ADDRESS
Wm J Schaeffer	S. E. Front St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 92194 — Registered No. B 92194

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisia Pappanotto.

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 1

AGE ~~Years~~, 30 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Louis Pappanotto

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Sophia Tronello

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Pappanotto

(Address)

Filed 7/27 1906 GRETTY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 26 1906 that I last saw her alive on July 26 1906, and that death occurred, on the date stated above, at 11-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bilateral Pneumonia

? (DURATION) ? DAYS

Contributory (Primary.) Cardiac failure.

(DURATION) 1 DAYS

(Signed) C. C. Lamy M.D.

Address Md. Gen'l Hospital

Date July 27 1906

Place of Burial July 28-1906 St Vincents Cemetery

Undertaker Randel Dypski

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92195 Registered No. B 92195

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2311 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna E. Hessenauer

{Residence, if in Baltimore, Give Street and Number.} 2311 Foster Ave

D. 92195

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec 1861
AGE	44 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Kemp
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr P. Hessenauer

(Address) 2311 Foster Ave

Filed 7/27 1906 BARRY O. ANDREWS, PARKIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to July 26 1906

that I last saw her alive on July 26 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date July 27 1906

Place of Burial Trinity Cem

Date July 29 d 1906

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 92196 — Registered No. B 92196

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1907 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Quatmann

{Residence, if in Baltimore, Give Street and Number.} 1907 Riggs Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Wh
DATE OF BIRTH	Feb 14 1900
AGE	6 years, 5 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Theo Quatmann
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sophia Hamel
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo Quatmann

(Address) 1907 Riggs Ave

Filed 7/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1906

I HEREBY CERTIFY, That I attended deceased from July 15th 1906 to July 27th 1906 that I last saw h[illegible] alive on July 26th 1906, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Paralysis

(DURATION) DAYS

Contributory (Primary.) Diphtheria (DURATION) 12 DAYS

(Signed) Chas S Mortimer M.D.

Address 125 N Fulton Ave

Date July 27th 1906

Place of Burial Loudon Park

Date July 28 1906

Undertaker Mc Andrew Robbie Sons

Address 730 Penna Ave

10 O Clk

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 92197

92197 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Purcell.

{Residence, if in Baltimore, Give Street and Number.} 1143 Riverside Ave.

Duration of Residence in Baltimore. 26 years. B 92197

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 11 – 1 – 1860

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter Purcell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Brolly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth M. Purcell

(Address) 1143 Riverside Ave

Filed July 28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1906

I HEREBY CERTIFY, That I attended deceased from June 1905 to July 25 1906, that I last saw h– alive on July 25 1906, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary) asthenia

(DURATION) ... DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument

Date July 26 1906

Place of Burial Holy Cross Cemy

Date July 28 1906

Undertaker John A. Daiger

Address 223 E. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 a

Registered No. B 92198

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 S. Bond st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Wittman

{Residence, if in Baltimore, Give Street and Number.} 825 S. Bond st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo. Wittman

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Frances Mleczewski

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Wittman

(Address) 825 S. Bond st.

Filed July 28 1906

HENRY U. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to July 26th 1906 that I last saw her alive on July 26th 1906, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis (DURATION) 2 wks DAYS

Contributory (Primary.) Asthenia (DURATION) — DAYS

(Signed) C. N. Athey M.D. per M. J. McAvoy acting M.D.

Address 839 S. Canton Ave

Date July 27 1906

Place of Burial St. Stanislaus Cem.

Date July 28" 1906

Undertaker Trudell Dyer & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 92199 — Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1522 Baker. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name H. Lorenzo W. Geiselmann

{Residence, if in Baltimore, Give Street and Number.} 1522 Baker St.

Duration of Residence in Baltimore. Life time

B. 92,199

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 20th 1906

AGE ..... years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frederick Geiselman

BIRTHPLACE OF FATHER (State or country) Baltimore City Md.

MAIDEN NAME OF MOTHER Grace Muse.

BIRTHPLACE OF MOTHER (State or country) Baltimore City Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Geiselman

(Address) 1522 Baker St.

Filed 7/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 27 1906 that I last saw h im alive on July 26 1906, and that death occurred, on the date stated above, at 3.30 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 26 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Leo Brown M.D.

Address 400 Hanover

Date July 27 1906

Place of Burial Western Cemetery

Date July 29th 1906

Undertaker Jos. & Jno. H. Deufel.

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 92200 Registered No. B 32206

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Trow

{Residence, if in Baltimore, Give Street and Number.} 925 Pleasant alley. D. 90200

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lilly Land,

(Address) 928 S. Sharp St

Filed 7/28 1906 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 26 1906 that I last saw her alive on July 26 1906 and that death occurred, on the date stated above, at 10 a.m.

11. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 5 min DAYS

Contributory (Primary.) Tobacco

Pneumonia (DURATION) 5 DAYS

(Signed) R. L. Muldaul M.D.

Address University Hospital

Date July 27th 1906.

Place of Burial London Park.

Date July 28th 1906

Undertaker Jno & Jno H. Teufel

Address 604 S Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92201

Registered No. B .....

City of Baltimore, (No. 1359½ Stockton St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Lynn Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH May (Month) 30 (Day) 1906 (Year)

AGE ——— years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) 1359 Stockton

Filed 7/28 1906

HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 25 1906 that I last saw h[er] alive on ... 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Marasmus

3 Weeks (DURATION) ... DAYS

Contributory Exhaustion

(DURATION) ... DAYS

(Signed) William T. Ryscavage M. D.

1400 Western Ave (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL Cut Bairnsdale Jul 25 1906

UNDERTAKER W. J. Johnson

ADDRESS 1400 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — 92202 — Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 256 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oda, May, Canapp

{Residence, if in Baltimore, Give Street and Number.} 256 Hickory Ave

Duration of Residence in Baltimore. Baltimore Md 92202

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 22 1906

AGE: ... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Edward A. Canapp

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Helen Humphreys

BIRTHPLACE OF MOTHER (State or country): Baltimore County Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Canapp

(Address) 256 Hickory Ave.

Filed 7/28 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 26 1906 that I last saw her alive on July 26 1906, and that death occurred, on the date stated above, at 3 A.M.

1. CAUSE OF DEATH (Secondary or Immediate)

Bolls-fed (Marasmus)
Summer Diarrhoea
+ collapse (DURATION) 4 days

Contributory (Primary) Marasmus
Bolls fed (DURATION) 4 days

(Signed) Wm. H. Feddeman M.D.

Address 808 1st Ave

Date July 27th 1906

Place of Burial St. Marys Hampden

Date July 28 1906

Undertaker Wm. E. Chenowith & Son

Address 919-3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

92203

Registered No. B 92203

CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Maguire

{Residence, if in Baltimore, Give Street and Number.} 1330 N Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 14th 1904

AGE: 2 years, 6 months, 13 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Chas E Maguire

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Henrietta V. McDowell

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Chas E Maguire

(Address) 1330 N Broadway

Filed 7/28 1906

HARRY C. ANDREWS, PUBLIC CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1906.

I HEREBY CERTIFY, That I attended deceased from July 12th 1906 to July 27th 1906.

that I last saw him alive on July 27th 1906, and that death occurred, on the date stated above, at 12.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 7 DAYS

Contributory (Primary) Acute Meningitis (DURATION) 14 DAYS

(Signed) ~~Frederick~~ A. Meyer M.D.

Address 1031 N. Caroline St.

Date July 27th 1906.

Place of Burial Baltimore Cemetary

Date July 29th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

92204

Registered No. B

City of Baltimore, (No. 414 N Saratoga St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles J. Hatsekinis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~March~~ (Month) 13 (Day) 1845 (Year)

AGE: 61 years, 3 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Georgetown D C

FULL NAME OF FATHER: Nicholas Hatsekinis

BIRTHPLACE OF FATHER (State or country): U States

MAIDEN NAME OF MOTHER: Elizbeth A Marlen

BIRTHPLACE OF MOTHER (State or country): U States

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elena Hatsekinis

(Address) 414 N Saratoga St

Filed 7/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1906 to July 27 1906

that I last saw h[illegible] alive on July 26 1906,

and that death occurred, on the date stated above, at 7 30 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) 2 Years

Contributory

(DURATION) DAYS

(Signed) Theodore Cotsis M. D.

Aug 28 1906 (Address) X914 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 29 1906

UNDERTAKER: A F Philbin

ADDRESS: 1711 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

Registered No. B 92205

City of Baltimore, (No. 1938 W. White St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: October (Month) 24 (Day) 1905 (Year)

AGE: 1 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank E. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maggie Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Johnson

(Address) 1938 White St.

Filed 7/28 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 27 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 1 Da DAYS

Contributory Convulsions

(DURATION) 7 DAYS

(Signed) D. C. Linthicum M. D.

July 27 1906 (Address) 1227 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: July 29 1906

UNDERTAKER: Felix B. Pyz | ADDRESS: 1026 E. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92206

92206

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 S Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Machulez

{ Residence, if in Baltimore, Give Street and Number. } 628 S Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Machulez.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Stella.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Annie Machulez.

(Address) 628 S. Conn St.

Filed 7/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to July 27 1906

that I last saw her alive on July 27 1906

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 5 hrs DAYS

Contributory (Primary.) acute Indigestion

(DURATION) 5 hrs DAYS

(Signed) J. J. Martens M.D.

Address 16 S Broadway

Date July 27 1906

Place of Burial St Mary's Polish Independent.

Date Monday July 29" 1906

Undertaker M. F. Sadowski.

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 92207 Registered No. B 92207

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 W Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Adam Sullivan

{Residence, if in Baltimore, Give Street and Number.} 1034 W. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht.

DATE OF BIRTH Unknown 1

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do.

MAIDEN NAME OF MOTHER do.

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs A. Sullivan

(Address) 1034 W Fayette

Filed 7/28 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from Apl 1906 to July 26 1906

that I last saw h in alive on July 26 1906

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

4 mos (DURATION) DAYS

Con'tributory (Primary) Syncope

(DURATION) DAYS

(Signed) J Norwood M.D.

Address 939 W Fayette St

Date July 26 1906

Place of Burial Cedar Hill Cemetery

Date July 29 1906

Undertaker W. M. Routzon

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 92208 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Mt. Wilson Md. St. the Human Wilson Sanitarium (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Quinn

{Residence, if in Baltimore, Give Street and Number.} 929 Eager St.

Duration of Residence in Baltimore. [illegible] mos. 3 1/2 mos.

B 9208

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 20 1906

AGE: ..... years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William Quinn

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary McAleer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Quinn

(Address) 1030 Eaton St

Filed 7/28 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 27 1906 that I last saw him alive on July 27 1906, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspeptic Diarrhoea

one month. (DURATION) — DAYS

Contributory (Primary.) Dyspeptic Diarrhoea. (DURATION) DAYS

(Signed) Harry Whitla M.D.

Address Mt Wilson Md

Date July 27. 1906

Place of Burial Holy Cross

Date July 28 1906

Undertaker Benr. Beeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 92209 — Registered No. B 92209

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 Ashland Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert L. Shaw

{Residence, if in Baltimore, Give Street and Number.} 1228 Ashland Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Bernard Shaw

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Not. Known

BIRTHPLACE OF MOTHER (State or country): ..

OCCUPATION OF DECEASED: Street Cleaner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Shaw

(Address) 1228 Ashland Ave.

Filed 7/28 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 7.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Carbol acid

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroner's Office

Date July 27 1906

Place of Burial Holy Redeemer Cemetery

Date July 28th. 1906

Undertaker Henry Stocks & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., ENGRAVERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92210

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 92210

City of Baltimore, (No. 1531, Orleans St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily J. Jubb.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 27th 1850 (Month) (Day) (Year)

AGE: 56 years, 2 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John F Legg

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Jubb

(Address) 1531 Orleans St

Filed 7/28 1906

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 24th 1906 to July 26th 1906

that I last saw her alive on July 26th 1906,

and that death occurred, on the date stated above, at 2 11 A. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) Elijah J. Russell M. D.

July 26th 1906 (Address) 423 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore. Cem.

DATE OF BURIAL: JUL 29 1906

UNDERTAKER: Wm. J. Fry

ADDRESS: 324 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 92211 — Registered No. B 92211

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 125 S. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha M. Parrott

{Residence, if in Baltimore, Give Street and Number.} 125 S. Gilmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 18 1878

AGE: 28 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Horney

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Frances Curtis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Horney

(Address) 1624 N. Saratoga

Filed 7/28 1906 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26" 1906

I HEREBY CERTIFY, That I attended deceased from July 25" 1906 to July 26" 1906 that I last saw h alive on July 26 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Acute Bright's Disease (DURATION) 9 DAYS

(Signed) W. O'Blane M.D.

Address 110 S. Gilmore St

Date July 26" 1906

Place of Burial Loudon Park Cem.

Date JUL 29 1906 190

Undertaker Wm. J. Fry

Address 231 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B.....

92212

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 22-N. Montford Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name George Kraft

{Residence, if in Baltimore, Give Street and Number.} 22-N. Montford ave

D. 9/2/10

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: Febr. 21 — 1820	
AGE: 86 years, 5 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Christopher Kraft,
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Stahl
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Kraft

(Address) 22 N Montford Ave

Filed 7/28 1906 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 — 1906

I HEREBY CERTIFY, That I attended deceased from May 1 — 1906 to July 25 1906 that I last saw him alive on July 25 1906 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Senile Bronchitis

(DURATION) 86 DAYS

Contributory (Primary.) Asphyxia

(DURATION) 1 DAYS

(Signed) Pierre G. Dumas M.D.

Address 121 Jackson Square

Date July 27 1906

Place of Burial 5th Ger St Paul Cem

Date July 28 1906

Undertaker L. Ritz, Jr

Address 2336 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92213

Registered No. B.....

City of Baltimore, (No. 333½ Belair ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha W Schüffl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25 (Month) (Day) 1900 (Year)

AGE: — 16 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: \

BIRTHPLACE (State or country): Balto. md.

FULL NAME OF FATHER: Andrew Schüffl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mamie Raymond

BIRTHPLACE OF MOTHER (State or country): U.S.A.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Schüffl

(Address) 333½ Belair ave

Filed 7/28 1906 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 26 1906 that I last saw h-er alive on July 26 1906, and that death occurred, on the date stated above, at 12.5 a.m., The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 30 DAYS

Contributory Broncho Pneumonia (DURATION) 8 DAYS

(Signed) J Walter Thomas M. D.

July 28 1906 (Address) 1111 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cem.	7/28 1906
UNDERTAKER	ADDRESS
J Herwig & Son	2008 Allens St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 92214 Registered No. B 32214

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1914 Ridgewood ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen May Klein

{Residence, if in Baltimore, Give Street and Number.} 1914 Ridgewood ave

B 92214

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 26 1906

AGE — years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Harry Klein

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Fannie White

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Klein

(Address) 1914 Ridgewood ave

Filed 7/28 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 27 1906 that I last saw h-er alive on July 27 1906, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 12 DAYS

Contributory (Primary) Convulsions

(DURATION) DAYS

(Signed) E. Emile Wheeler M.D.

Address 2129 W. Fayette

Date July 28 1906

Place of Burial Baltimore Cemetery

Date July 29 1906

Undertaker Geo. Weber

Address 1515 W. Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

Infant Klein 2129 W. Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 92215 Registered No. B 92215

CERTIFICATE OF DEATH.

(Place of Death.) No. 2826 Bernard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth ann Gill

{Residence, if in Baltimore, Give Street and Number.} 2826 Bernard St City

Duration of Residence in Baltimore. about 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ?

AGE 80 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto County Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Margaret Martin

BIRTHPLACE OF MOTHER (State or country) Balto County Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Potts

(Address) 2826 Bernard St.

Filed 7/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from March 1 1906 to July 27 1906

that I last saw her alive on July 27 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma (DURATION) 6 hours DAYS

Contributory (Primary) Cancer of face & head (DURATION) 2 yrs DAYS

(Signed) D. R. Wantz M.D.

Address 765 N. Gay

Date July 27 1906

Place of Burial Trenton Balto County Md.

Date July 30th 1906

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92216

City of Baltimore, (No. Johns Hopkins Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta F. Augusta Dressel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 20 1876 (Month) (Day) (Year)

AGE: 30 years, ... months, ... days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Bremen

FULL NAME OF FATHER: Henry Frederick Bergmann

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Henrietta Schulenberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1112 Greenmount Ave

Filed 7/28 1906 HARRY J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 25 1906 that I last saw h[er] alive on July 25 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary abscess
Sepsis

(DURATION) 18 DAYS

Contributory Nephritis

(DURATION) ..... DAYS

(Signed) Melvin Rosenthal M. D.

July 27 1906 (Address) 1811 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 28 1906

UNDERTAKER: H. C. Wiedefeld

ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92217 Registered No. B 92217

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 839 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward B Krumpel

{ Residence, if in Baltimore, Give Street and Number. } 839 Greenmt ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 15 — 1867

AGE 40 years, 10 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Louis Krumpel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lehrmann

(Address) 920 Greenmt Ave

Filed 7/28 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to July 27 1906 that I last saw h— alive on July 26 1906, and that death occurred, on the date stated above, at 5— a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmt Ave

Date July 27 1906

Place of Burial Holy Redeemer

Date July 30 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92218 Registered No. B 92218

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles E. Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 400 E. Monument St

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 28 1863

AGE 43 years, 4 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 400 E. Monument St

Filed 7/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1906

I HEREBY CERTIFY, That I attended deceased from Wed July 25th 1906 to July 27th 1906 that I last saw h im alive on July 26th 1906 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenic Diarrhoea

(DURATION) 4 DAYS

Con'tributory (Primary.) Cald. and Exposure (DURATION) 4 DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 1001 N. Calvert St.

Date July 27th 1906

Place of Burial Cathedral

Date July 30 1906

Undertaker H. C. Winkfield

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92219

City of Baltimore, (No. Provident Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Smith

(Address) 1119 Brisca st

Filed 7/28 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th (Month) ..... (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 18 1906 to July 28 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Typhoid fever

2 Months (DURATION) ..... DAYS

(Signed) R. H. Johnson M. D.

July 28 1906 (Address) Provident Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Translents, or Recent Residents.

Former or Usual Residence — How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL: Chester station DATE OF BURIAL July 28 1906

UNDERTAKER: George H. Hoop ADDRESS: 609 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

2 27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92220

City of Baltimore, (No. 316 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Spacing F. Lee.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 17 (Month) 18 (Day) (Year)

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Ely A. Lee

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Elizabeth Denison

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Bank R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flora Rhein

(Address) 219 N. Fulton Ave

Filed 7/28 190 6 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 27 1906 that I last saw him alive on July 27 1906, and that death occurred, on the date stated above, at 11 00 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis.

(DURATION) — DAYS

Contributory

(DURATION) — DAYS

(Signed) F. Edward Smith M. D.

July 27 1906. (Address) 52 E Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL July 30 1906

UNDERTAKER Carl & Margaret G. Tilyou | ADDRESS 42 & West St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — Registered No. B 92221

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 930 N Castle St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Simeka

{Residence, if in Baltimore, Give Street and Number.} 930 N Castle St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: years. 1 months. 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Simeka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Annie Slama

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Simeka

(Address) 930 N Castle St

Filed July 28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.) Inanition

(DURATION) 7 DAYS

(Signed) Chas J Timms M.D.

Address 1025 N Wolfe St

Date July 28 1906

Place of Burial Oak Hill

Date July 28 1906

Undertaker Frank Brack

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 92222 Registered No. B 92222

157

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum, Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Greif

{Residence, if in Baltimore, Give Street and Number.} 1629 Clarkson St

Duration of Residence in Baltimore. 23 Yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 1883	
AGE: 23 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles F Greif
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosa Otto
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles F Greif Lunar Hollyday, Supt.

(Address) 1629 Clarkson St BAY VIEW ASYLUM.

Filed Jul 28 1906

Registrar

David A. Runnorn Coroner. 6K

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1906

I HEREBY CERTIFY, That I attended deceased from July 24th 1906 to July 25th 1906 that I last saw h alive on July 24th 1906 and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) H. M. Owens Jr M.D.

Address Bay View Asylum

Date July 25th 1906

Place of Burial Cedar Hill

Date July 28th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 92223 Registered No. B 92223

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington Tilly and

{ Residence, if in Baltimore, Give Street and Number. } 905 Linden Ave

Duration of Residence in Baltimore. 7 years.

D. 92223

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: N. Carolina 1—

AGE: 40 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary E. Howard

(Address) 906 Lindenhall Ave

Filed Jul 28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 26 1906 that I last saw him alive on July 26 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 6 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 5 DAYS

(Signed) W. H. Finan M.D.

Address 712 S. Stark St

Date July 28 1906

Place of Burial Mt. Auburn Cem

Date July 29 1906

Undertaker F. L. Brown & Son

Address 168 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92224

City of Baltimore, (No. 3004 W. North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Berry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 22 (Day) 1850 (Year)

AGE: 56 years, 2 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Prince Georges Co Md

FULL NAME OF FATHER: G. W. Thomas

BIRTHPLACE OF FATHER (State or country): Prince Georges Co Md

MAIDEN NAME OF MOTHER: S. M. Barkley

BIRTHPLACE OF MOTHER (State or country): Charles Co Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R B Berry

(Address) 3004 W North Ave

Filed Jy 28 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1905 to July 27th 1906 that I last saw her alive on July 27th 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach and Bowels

(DURATION) DAYS

Contributory General Prostration

(DURATION) DAYS

(Signed) Jas. H. Epp M. D.

July 27th 1906 (Address) 3005 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Forestville Md

DATE OF BURIAL: July 30 1906

UNDERTAKER: M Fahey & Son

ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 516 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Onorato

{Residence, if in Baltimore, Give Street and Number.} ~~Front~~ 516 Colvin street

Duration of Residence in Baltimore. Lifetime

B. 92226

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 2nd September 1906

AGE: ..... years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore 516 Colvin st

FULL NAME OF FATHER: Frank Onorato

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Maria Rosa Cuminetti

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Onorato

(Address) 516 Colvin St.

Filed July 28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 28 July 1906

I HEREBY CERTIFY, That I attended deceased from 1st July 1906 to 28 July 1906 that I last saw him alive on 28 July 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

lifetime (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Joseph Bonanno M.D.

Address 20th N. Green Street

Date 29 July 1906

Place of Burial St. Vincents Cemetery

Date July 28 1906

Undertaker Germanus Thanz

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Belair ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred M. & Frederick

{ Residence, if in Baltimore, Give Street and Number. } 104 Belair ave

Duration of Residence in Baltimore. Lifetime

D 92226

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 19th 1905
AGE	..... years, 9 months, 8 days
SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John H. Frederick
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Margaret Mallosa
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John H Frederick Father

(Address) 4 Belair ave

Filed July 28 1906

HARRY O. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to July 27 1906 that I last saw her alive on July 27 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions
Thrush
Summer diarrhoea
Preceded by measles & whooping cough. (DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date July 28 1906

Place of Burial Balto Cemetary

Date July 29th 1906 190

Undertaker George Schilling & Sons

Address Monument & Aisquith Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

135

CERTIFICATE OF DEATH.

Registered No. B 92227

City of Baltimore, (No. 108, E Montgomery St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian E. Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: W Livi

DATE OF BIRTH: Apr 22 1906 (Month) (Day) (Year)

AGE: — years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: William R Kelly

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Emma Chaney

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Kelly.

(Address) 108 E Montgomery

Filed July 28 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 27 1906 that I last saw her alive on July 26 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Acute Indigestion and Diarrhoea

(DURATION) 13 DAYS

Contributory General Exhaustion due to malnutrition (DURATION) 10 DAYS

(Signed) Worthington Cole, M. D.

July 27 1906 (Address) 1736 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: 7/29 1906

UNDERTAKER: H. B. Fuller — ADDRESS: 854 Ridgely St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

Ward 14 Registered No. B 151

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Freddie Mayigers,

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant asylum

Duration of Residence in Baltimore. Lifetime

D. 4222

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.	COLOR: W.
DATE OF BIRTH: May 10, 1906	
AGE: ..... years, 2 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed July 28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 26 1906 that I last saw h[illegible] alive on July 25 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carolina St

Date 7-27- 1906

Place of Burial New Cathedral

Date July 28th 1906

Undertaker Martin Bakey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kenneth Joseph Smith,

{ Residence, if in Baltimore, Give Street and Number. } St Vinct Inf. asy.

B 9209

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	July 14, 1906
AGE	~~years~~, ~~months~~, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	L. G.
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed July 27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 27 1906 that I last saw him alive on July 26 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1320 N Carrollton Ave

Date 7-27 1906

Place of Burial New Cathedral

Date July 28th 1906

Undertaker Martin Fraley & Jones

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Nichols

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant asylum.

Duration of Residence in Baltimore. Lifetime

B. 92230

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W.
DATE OF BIRTH: July 15, 1906	
AGE: ~~years~~, ~~months~~, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): C. G.	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: ✓	
BIRTHPLACE OF MOTHER (State or country): ✓	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed July 28 1906

Registrar J M

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27, 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 27 1906

that I last saw h[illegible] alive on July 26 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward, M.D.

Address 1227 Carolina st

Date 7-27 1906

Place of Burial New Cathedral

Date July 28th 1906

Undertaker Martin Gahey & Sons

Address 606 Lafayette ave E.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

153

(Place of Death.) No. 108 S. Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Weinberg

{ Residence, if in Baltimore, Give Street and Number. } 108 S. Bond St

Duration of Residence in Baltimore. Life

B 13231

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: .....

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Hyman Weinberg

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Lena Wolf

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ab. Wolf

(Address) 1114 E. Pratt St.

Filed July 29th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 28 1906

that I last saw h.. alive on July 27 1906

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate

Insanitine

(DURATION) Life D..

Contributory (Primary) Exhaustion

(DURATION) X DA..

(Signed) G C Blades M.D.

Address 121 Jackson Place

Date July 29 1906

Place of Burial Philips Rest Cemetery

Date July 29, 1906

Undertaker Mort Levinson

Address 11 B St Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92232

City of Baltimore, (No. 904, E Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin May

PERSONAL AND STATISTICAL PARTICULARS

SEX: m | COLOR: white

DATE OF BIRTH: May (Month) ✓ (Day) 1905 (Year)

AGE: 1 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Eli May

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Lakeler

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elman May

(Address) 904 E Pratt st

Filed July 29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 28 1906

that I last saw him alive on July 27 1906,

and that death occurred, on the date stated above, at 7 a. M. The CAUSE OF DEATH was as follows:

Gastro-enteritis

40 (DURATION) DAYS

Contributory Exhaustion

5 (DURATION) DAYS

(Signed) John Rubsamen M. D.

July 28 1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: White Rock dale — DATE OF BURIAL: July 29 1906

UNDERTAKER: Max Lehman — ADDRESS: 1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 9223

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie M Reade.

{ Residence, if in Baltimore, Give Street and Number. } Rougemont N C

Duration of Residence in Baltimore. 7

D 9223

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N C

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo McCleary

(Address) J H Hospital

Filed July 29 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to July 28 1906 that I last saw her alive on July 28 1906 and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date July 28 1906

Place of Burial Helena N. C.

Date JUL 29 1906 190

Undertaker Wm. O. Fry

Address 211 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92234

City of Baltimore, (No. Provident Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Lowell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jackson

(Address) 802 Stockholm St

Filed 7/29 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 28 1906 that I last saw her alive on July 28 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Surgical Shock

about 5 Hours (DURATION) ..... DAYS

Contributory Uterine fibroid several yrs. causing bowel obstruction (DURATION) ..... DAYS

(Signed) C F Stearns M. D.

July 28 1906 (Address) 1344 Druid Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 802 Stockholm How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: July 30 1906

UNDERTAKER: Jno W Goodwin — ADDRESS: 206 Orchid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 92235 Registered No. B 92235

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 508 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Burroughs

{ Residence, if in Baltimore, Give Street and Number. } 508 W Lee St

B 92235

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Petersburg. Va

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Burroughs

(Address) 508 W Lee St

Filed 7/29 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to July 27 1906 that I last saw h im alive on July 27 1906, and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Harmorrhage

(DURATION) 1 DAYS

Contributory (Primary.)

Arterio-sclerosis (DURATION) ? DAYS

(Signed) H S McCard M.D.

Address 136 W Hill St

Date July 28 1906

Place of Burial Mt Auburn

Date July 30 1906

Undertaker Geo N Trader

Address 506 W Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1324 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ruth Colburn

{ Residence, if in Baltimore, Give Street and Number. } 518 N. Caroline st.

B 92236

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Coloured

DATE OF BIRTH — 1

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Daniel Colburn

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Rebecca Hall

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Colburn

(Address) 518 N Caroline

Filed 7/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 - 1906

I HEREBY CERTIFY, That I attended deceased from June 25 - 1906 to July 27 - 1906 that I last saw h[illegible] alive on July 27 - 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of the liver

(DURATION) 35 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date July 28 - 1906.

Place of Burial Laurel

Date July 29th 190[illegible]

Undertaker R. F. Ellicott -

Address 1[illegible] Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92237

Registered No. B

City of Baltimore, (No. 428, Turner Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas Raymond Peyton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 7 (Day) 1906 (Year)

AGE: — years, — months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Austin E Peyton

BIRTHPLACE OF FATHER (State or country): London Co Va

MAIDEN NAME OF MOTHER: Cora Johnson

BIRTHPLACE OF MOTHER (State or country): Warren Co Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ruth Peyton

(Address) 428 Turner Pl

Filed 7/29 1906

HARRY S. ENDERS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 28 1906 that I last saw h in alive on July 27 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Enteric Colitis + Collapse

(DURATION) 10 DAYS

Contributory Marasmus Bottle Fed (DURATION) 9 days DAYS

(Signed) Wm H Feddeman M. D.

July 28 1906 (Address) 800 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR ~~REMOVAL~~ Cremation: St Marys P & C — DATE OF BURIAL: July 30th 1906

UNDERTAKER: A F Philbin — ADDRESS: 1711 Eridon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 92238 Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sherman C. Patterson

{ Residence, if in Baltimore, Give Street and Number. } 405 St Paul St.

D. 92,238

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1833

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Conn.

FULL NAME OF FATHER: ——— Patterson

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Produce Exchange.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert C. Patterson

(Address) Springfield. Mass.

Filed 7/29 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27. 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 27 1906 that I last saw h in alive on July 27 1906, and that death occurred, on the date stated above, at 11:15 p.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Heart Prostration (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date July 28th 1906

Place of Burial Bridgeport Conn.

Date July 30, 1906

Undertaker H. W. Meiers Sons

Address 805 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92239

Registered No. B.....

City of Baltimore, (No. 1314 W Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert A. Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 28 (Day) 1906 (Year)

AGE: — years, — months, 6 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert A Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A Reilly

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont

Filed 7/29 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to July 28 1906

that I last saw h.. alive on July 28 1906,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Atelectasis Congenital

6 hours

(DURATION) ..... DAYS

Contributory Delayed delivery

(DURATION) ..... DAYS

(Signed) Roger Edmunds M. D.

July 28 1906 (Address) 630 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	July 29 1906
UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 112 Kenwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margreth G. Thompson

{Residence, if in Baltimore, Give Street and Number.} 112 Kenwood ave

Duration of Residence in Baltimore. all life

B. 92440

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH July 27 1905

AGE ..... years, 1 9 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Daniel Thompson

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Daniel Thompson

(Address) 112 Kenwood ave

Filed 7/29 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from June 7 1906 to July 27 1906 that I last saw her alive on 11 11 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumania & enteritis

(DURATION) 29 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Fulton ave

Date July 28 1906

Place of Burial New Cathedral

Date July 29 1906

Undertaker Wendell Dippel & S

Address 320 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92241

Registered No. B

City of Baltimore, (No. 829 E. Pratt St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michel Shaferman

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: July (Month) 29 (Day) 1906 (Year)

AGE: ___ years, ___ months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ___

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Benjamin Shaferman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosie London

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin M. Shaferman

(Address) 829 E pratt st

Filed 7/29 1906 MARRIED OF MEDICAL PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 27 1906

that I last saw him alive on July 27 1906

and that death occurred, on the date stated above, at 5 30 a. m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 4 DAYS

Contributory ___

(DURATION) ___ DAYS

(Signed) M. Hirschman M. D.

July 29 1906 (Address) 900 E. Balto st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ___ How long at Place of Death? ___ Days

Where was disease contracted, if not at place of death? ___

PLACE OF BURIAL OR REMOVAL: Philip Ed Randale — DATE OF BURIAL: July 29, 1906

UNDERTAKER: May Levinson — ADDRESS: 1138 Lou st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 816 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Colbert

{ Residence, if in Baltimore, Give Street and Number. } 816. E Fort ave

Duration of Residence in Baltimore. 6 months

D 92248

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 12th 1904

AGE 2 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Jos. Colbert

BIRTHPLACE OF FATHER (State or country) Pittsburgh Pa

MAIDEN NAME OF MOTHER Catherine acker

BIRTHPLACE OF MOTHER (State or country) Belair Ohio

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address)

Filed 7/29 1906

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1906

I HEREBY CERTIFY, That I attended deceased from July 22d 1906 to July 28th 1906 that I last saw h alive on July 28 1906 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

2 weeks (DURATION) DAYS

Contributory (Primary.) Meningitis (DURATION) 24 hrs

(Signed) J. O'Connell M.D.

Address 1340 Scharles St

Date July 28th 1906

Place of Burial Wheeling West Virginia

Date July 29. 1906

Undertaker Daniel J. McGlynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 92243 Registered No. B

CERTIFICATE OF DEATH.

146

(Place of Death.) No. St- Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Sadowski

{Residence, if in Baltimore, Give Street and Number.} 1817 Lancaster St.

D. 92243

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Anton Sadowski

BIRTHPLACE OF FATHER (State or country): Poland Russia.

MAIDEN NAME OF MOTHER: Annie Kristoff

BIRTHPLACE OF MOTHER (State or country): Poland Russia.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Sadowski,

(Address) 1713 Lancaster St

Filed 7/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 28 1906 that I last saw h alive on July 27 1906, and that death occurred, on the date stated above, at 8:15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Toxemia

Over one week (DURATION) DAYS

Contributory (Primary.) Chronic suppuration Mastoiditis with meningitis (DURATION) — DAYS

(Signed) Bernard Hess M.D.

Address St Josephs Hosp

Date July 28 1906

Place of Burial Holy Rosary

Date Monday July 30. 1906

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 92241

CERTIFICATE OF DEATH. 92244

(Place of Death.) No. 960 Franklin Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Myers

{Residence, if in Baltimore, Give Street and Number.} 960 Franklin Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: April 28 1901

AGE: 5 years, 3 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Myers

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Elizabeth Yates Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Murdock

(Address) 962 Franklin Rd.

Filed 7/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 28 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

about 2 months (DURATION) DAYS

Contributory (Primary.) Stomach

about 3 months (DURATION) DAYS

(Signed) [illegible] M.D.

Address #7923 Stricker St

Date July 29 1906

Place of Burial Pine Ridge Cem

Date July 29 1906

Undertaker Jos B Cook

Address 1003 Mc Culloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH. 92245

Registered No. B.....

City of Baltimore, (No. Nursery & Childs Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Trinton Cross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 11 (Month) 11 (Day) 1904 (Year)

AGE: 1 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: J. Trinton Cross Jr.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Pearl R. Schofield

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pearl R Cross

(Address) N + C Hospital.

Filed 7/29 1906

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 29 1906 to July 28 1906

that I last saw him alive on 28 July 1906,

and that death occurred, on the date stated above, at 10:20 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John C Cuthrie M. D.

190 (Address) 839 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: July 30 1906

UNDERTAKER: Jas B. Cook — ADDRESS: 1003 E Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ....

92246

CERTIFICATE OF DEATH.

167 n

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wade

{ Residence, if in Baltimore, Give Street and Number. } 1801 N. Mc Henry

Duration of Residence in Baltimore. Life

B 9823 46

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1857

AGE 48 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Hitselberger

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Laura J Morgan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Walz

(Address) 1801 N McHenry St

Filed 7/29 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 27 1906

that I last saw h alive on July 27 1906,

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate)

accidentally burned by Gasoline Explosion

(DURATION) ..... DAYS

Contributory ~~(Primary.)~~

(DURATION) ..... DAYS

(Signed) Thos Jones M.D.

Address Coroner's Office

Date July 27 1906

Place of Burial Cathedral Cem

Date July 30 1906

Undertaker J B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92247 Registered No. B 92247

CERTIFICATE OF DEATH.

(Place of Death.) No. 2542 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard D Ferguson

{ Residence, if in Baltimore, Give Street and Number. } 2542 Fait Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 7th 1899

AGE: 6 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James D. Ferguson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ida L. Lukan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James D. Ferguson

(Address) 2542 Fait Ave

Filed 7/29 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to July 28 1906 that I last saw him alive on July 28 1906, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever (DURATION) 2 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) O. L. Long M.D.

Address 2429 Fait Ave

Date July 28 1906

Place of Burial St Pauls Cem.

Date July 29th 1906

Undertaker H. SANDER & SONS

Address 1708-1710 Central Avenue

4 P M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92248 Registered No. B 92248

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Cook's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 105

Full Name Everett Silati

{Residence, if in Baltimore, Give Street and Number.} no 4 Cook's Court

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 12 1906

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Silati

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Christina Rayner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Silati

(Address) 4 Cook Ct

Filed 7/29 1906 Registrar

ST. ANDREW'S PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to July 28 1906 that I last saw him alive on July 27 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Diarrhoea

Lifetime (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St.

Date July 29th 1906

Place of Burial Ft. Camel

Date July 29th 1906

Undertaker H. SANDER & SONS,

Address 1708 & 1710 Caroline Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B 92249

City of Baltimore, (No. 1221 Hare St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia Shimmeka

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 19 (Day) 1906 (Year)

AGE: ~~ years, ~~ months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Shimmeka

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Visdefska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shimmeka

(Address) 124 Hare St

Filed July 29 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to July 29 1906

that I last saw her alive on July 28 1906,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 1/2 DAYS

Contributory

(DURATION) DAYS

(Signed) F. W. Schneider M. D.

July 29 1906 (Address) 1073 Caton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Mary | DATE OF BURIAL: July 30 1906

UNDERTAKER: Kendall Dippel & | ADDRESS: 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 Delwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Full Name Frank and Jane Joyce

{ Residence, if in Baltimore, Give Street and Number. } 333 Delwood Ave

Duration of Residence in Baltimore. 2 years

9 B 250

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 27 1906

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED infant

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Frank Joyce

BIRTHPLACE OF FATHER (State or country) Balto. Co.

MAIDEN NAME OF MOTHER Jane Hobbs

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Joyce

(Address) 333 Delwood Ave

Filed July 29 1906 CLERK OF ARCHIVES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to July 29 1906 that I last saw h.. alive on July 29 1906, and that death occurred, on the date stated above, at 12 Noon. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) 5 DAYS

Contributory (Primary) Immaturity (8 mo) (DURATION) 5 DAYS

(Signed) S. R. Wantz M.D.

Address 766 3rd ave

Date July 29 1906

Place of Burial St Marys Hampden

Date July 29 1906

Undertaker Wm E C Renouf & Son

Address 9193rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 92251 — Registered No. B 92251 — 1906

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home Infirmary

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Packer

{Residence, if in Baltimore, Give Street and Number.} 221 Taylor's Court

Duration of Residence in Baltimore.

D 92251

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Packer

(Address) 521 N Lanvale St

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Luigi Cuneo M.D.

Address Coroner

Date July 27 1906

Place of Burial Woodberry Cemetery

Date July 30 1906

Undertaker E. McGillick

Address 506 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **date of death.**

Registered No. B 92253

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B Lee

{ Residence, if in Baltimore, Give Street and Number. } 1715 Lemmon St.

Duration of Residence in Baltimore. Life

B 92253

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Lee

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary C Woods

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Lee

(Address) 23 S. Schroeder St

Filed 7/30 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29. 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to July 29 1906 that I last saw h[im] alive on July 29 1906 and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) DAYS

(Signed) Chas G. Dorsey M.D.

Address City Hospital

Date July 29. 1906

Place of Burial Western

Date July 31 1906

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

81

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92253

Registered No. B

City of Baltimore, (No. 1570, Ramsay St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philippina Heilman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ~~July~~ (Month) ~~28~~ (Day) ~~1906~~ Year)

AGE: 67 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ~~Philip~~ Peter Hoffmon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Booka

(Address) 1570 Ramsey St

Filed 7/30 1906

HARRY C. ANDREWS, CHIEF CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to July 28 1906

that I last saw her alive on July 26 1906,

and that death occurred, on the date stated above, at 1.50 P. M. The CAUSE OF DEATH was as follows:

Arteria Sclerosis

Cardiac weakness

General anasarca (DURATION) DAYS

Contributory Paralysis of heart (DURATION) four months DAYS

(Signed) H E Kunkel M. D.

July 29 1906 (Address) 1002 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: July 30 1906

UNDERTAKER: Jas B. Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 S Paca St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wesley M Ponnis

{Residence, if in Baltimore, Give Street and Number.} 425 S. Paca St

Duration of Residence in Baltimore. Life

B 9285

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 5th 1906

AGE ..... years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Adopted child of John M Ponnis

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Montemuro

(Address) 125 N Fulton Ave

Filed 7/30 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 28th 1906 that I last saw him alive on July 28th 1906, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Drowned

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Egbert L. Motemuro M.D.

Address 125 N Fulton Ave

Date July 29th 1906

Place of Burial Loudon Park

Date July 30 1906

Undertaker J. A. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92255

City of Baltimore, (No. 427, S. Madeira St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Magdalina Hichens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George Hichens

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hichens

(Address) 427 S. Madeira St.

Filed 7/30 1906

MARY C. ANDRESS, CHIEF CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 28 1906 that I last saw h[illegible] alive on July 28 1906, and that death occurred, on the date stated above, at 11:45 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 7 DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) O. L. Long M. D.

July 29 1906 (Address) 429 E. Fayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: St. Stanislaus

DATE OF BURIAL: July 30 1906

UNDERTAKER: Jacob Fialkowski

ADDRESS: 428 N. Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92256

City of Baltimore, (No. S W Cor Chas & Forest Pl St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gladys Bryan

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: Feb (Month) 15 (Day) 1900 (Year)	
AGE: 6 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): New York	
FULL NAME OF FATHER: Dont Know	
BIRTHPLACE OF FATHER (State or country): Dont Know	
MAIDEN NAME OF MOTHER: Dont Know	
BIRTHPLACE OF MOTHER (State or country): Dont Know	
OCCUPATION OF DECEASED: Nil	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jr. Superior

(Address) Chas & Forest Pl

Filed 7/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 28 1906 that I last saw h alive on July 28 1906, and that death occurred, on the date stated above, at 3 P M. The CAUSE OF DEATH was as follows:

Basilar Meningitis

(DURATION) 14 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) James M Fenton M.D.

July 29 1906 (Address) 7 W E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ...

How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: July 30 1906

UNDERTAKER: Edward A Byrne

ADDRESS: 302 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] 92257 Registered No. B [illegible]

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1820 M C Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Heinzenburger

{Residence, if in Baltimore, Give Street and Number.} 1820 M C Henry

B 90257

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 28 1876

AGE: 30 years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Heinzenburger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Louis Heinzenburger

(Address) 1820 M C Henry st

Filed 7/30 1906

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to July 28 1906

that I last saw h[illegible] alive on July 28 1906,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 30 DAYS

Contributory (Primary) Alcohol (DURATION) ... DAYS

(Signed) Walter A Leet M.D.

Address 201 Wilkens ave

Date July 29 1906

Place of Burial Western Cemetary

Date July 31st 1906 190...

Undertaker A. J. Joyce

Address 216 S Stricker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 92258

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Frank

{Residence, if in Baltimore, Give Street and Number.} 307 N Exeter St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER F. Frank

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Mendelson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Pilkin

(Address) 5 N Carline st

Filed 7/30 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1203 PM.

CAUSE OF DEATH (Secondary or immediate.)

Fracture of Skull

Accidental

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carter M.D.

Address Coroners Office

Date July 30 1906

Place of Burial Philip Rd Rodsdale

Date July 31 1906

Undertaker Max Levinson

Address 1135 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward Annex

92259

Registered No. B 92259

81

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Keough.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemar Holliday, Supt

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 7/30 1906

HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 28 1906 that I last saw h-- alive on July 28 1906, and that death occurred, on the date stated above, at 4.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis - Sclerosis

(DURATION) DAYS

Con'tributory (Primary) Oedema of Lungs.

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date July 28 1906

Place of Burial Sacred Heart.

Date 7/30 1906.

Undertaker Evans & Spence

Address 1000 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 92260

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen E. Myers.

{Residence, if in Baltimore, Give Street and Number.} 904 N. Broadway

Duration of Residence in Baltimore. 12 years

B 92260

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Nicholas Marshall

BIRTHPLACE OF FATHER (State or country) Talbot Co. Md.

MAIDEN NAME OF MOTHER Mrs. Kunn

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Myers

(Address) 904 N. Broadway

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on 190 8

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Carbolic

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Coroners N.E.D.

Date July. 28-06 190

Place of Burial Loudon Park Cemetery

Date July 31 st. 190 6

Undertaker Henry Hercke & Son

Address 1311 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 92261 — Registered No. B 92261

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 North Broadway

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgianna E. Wyatt

{Residence, if in Baltimore, Give Street and Number.} 420 N. Broadway

B. 92261

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1" 1839

AGE 67 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Alexandria Va.

FULL NAME OF FATHER Thomas Shields

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Eliz. Barwood

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Wyatt

(Address) 420 N. Broadway

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1906

I HEREBY CERTIFY, That I attended deceased from March 31 1906 to July 28 1906

that I last saw h.r alive on July 28 1906,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) 89 DAYS

Contributory (Primary.) Phthisis

(DURATION) 89 DAYS

(Signed) Dr W. P. Morgan

Address 315 W Monument St

Date July 29th 1906

Place of Burial Greenmount Cemetery

Date July 30" 190

Undertaker Henry W. Mears and Sons

Address 805 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 92262

92262

134

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Annie S Monaghan

{Residence, if in Baltimore, Give Street and Number.} 505 N Carrollton ave

Duration of Residence in Baltimore. Life

B 92262

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 7" 1878

AGE 27 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) ~~F. Co. O'Brien~~ Balto, Md.

FULL NAME OF FATHER P. a. O'Brien

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary E. Shannon

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. C. O'Brien

(Address) Park Heights Ave.

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 29 1906 that I last saw h alive on July 28 1906, and that death occurred, on the date stated above, at 12.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious vomiting
& toxemia of pregnancy

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bernard Stess M.D.

Address St Joseph Hosp.

Date July 29 1906

Place of Burial Cathedral Cemetery

Date July 31, 1906

Undertaker Henry W. Means & Sons

Address 505 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

Remove to 505 N. Carrollton ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 92263 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 E Fait St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Connelly

{ Residence, if in Baltimore, Give Street and Number. } 1015 E Fait St

D. 97226 82

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1844

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Theodore Cochran

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Katherine Bailey

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Faul

(Address) 1017 McCulloh St

Filed 7/30 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to July 30 1906 that I last saw her alive on July 30 1906, and that death occurred, on the date stated above, at 2.10 o'clock A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) .....

Contributory (Primary.) Exhaustion due to Cardiac Failure (DURATION) ..... DAYS

(Signed) J. M. Delevett M.D.

Address 621 Columbia Ave.

Date July 30 1906.

Place of Burial New Cathedral Cemetery

Date Aug 1 1906

Undertaker J. Abrens & Co

Address 754 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

92264 Registered No. B 92264

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1936 Chase St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude L Haney

{Residence, if in Baltimore, Give Street and Number.} 1936 Chase St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 15 March 1906

AGE: ..... years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank P Haney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Kaufman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank P Haney

(Address) 1936 C. Chase St.

Filed 7/30 1906 HARRY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28. 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 28. 1906 that I last saw her alive on " 27 1906, and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

a Entero-colitis

(DURATION) 26 DAYS

Contributory (Primary) Marasmus

(DURATION) 120 DAYS

(Signed) Geo A Hartman M.D.

Address 1131 N Carolina St.

Date July 28. 1906

Place of Burial Mt Olivet Cemetery

Date July 30 1906

Undertaker Louis Heerman

Address 6 S Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 92265 Registered No. B ... 92265

137

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Annie Bolger

{ Residence, if in Baltimore, Give Street and Number. } 1302 Holbrook St

D. 98264

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 29 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Malone

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth O'Neill

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bolger

(Address) 1302 Holbrook St

Filed 7/30 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to July 28 1906 that I last saw h[illegible] alive on July 28 1906, and that death occurred, on the date stated above, at 2.00 P.M. CAUSE OF DEATH (Secondary or Immediate

Secondary anemia following repeated

(DURATION) 6 DAYS

Contributory (Primary.) Puerperal sepsis-

Anemia following labor (DURATION) — DAYS

(Signed) Bernard Hyss M.D.

Address St Josephs Hosp

Date July 28 1906

Place of Burial Holy Cross

Date July 31 1906

Undertaker H. C. Wuderfeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92266 Registered No. B 92266

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2405 Mc Culloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mansonia V. VanWinkle

{Residence, if in Baltimore, Give Street and Number.} 2405 Mc Culloh St

Duration of Residence in Baltimore. 18 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 4th 1861

AGE: 45 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Parkersburg W. Va.

FULL NAME OF FATHER: Rathbone V. VanWinkle

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Sarah VanWinkle

BIRTHPLACE OF MOTHER (State or country): Wood County W. Va.

OCCUPATION OF DECEASED: Reporter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary VanWinkle

(Address) 2405 Mc Culloh St

Filed 7/30 1906 HARRY O. ANDREWS? PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 1905 to July 28 1906 that I last saw h im alive on July 28 1906, and that death occurred, on the date stated above, at 10:50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr Interstitial Nephritis

one year (DURATION) DAYS

Contributory (Primary.) Coma & Convulsions (DURATION) 10 DAYS

(Signed) F. W Keown M.D.

Address 1938 Linden Av

Date July 30 1906

Place of Burial Loudon Park Cemetery

Date July - 30 th 1906

Undertaker W. H. Gaulbrath

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 92267. Registered No. B 92267

CERTIFICATE OF DEATH.

(Place of Death.) No. Nat. Mechanics Bank. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Harvey.

{Residence, if in Baltimore, Give Street and Number.} 11th. Washington Ave. =

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 20th 1848

AGE: 58 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Harvey

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Mary Onderdonk

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: Bank Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Harvey.

(Address) Catonsville, Md

Filed 7/30 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 28, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 — to — 190 —

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden — M.D.

Address 408 N. Exeter St. Coroner

Date July 28 1906

Place of Burial Greenmount

Date July 30th 1906 190

Undertaker Henry H. Justice Sons

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92268

Registered No. B.....

City of Baltimore, (No. 834, Carroll St.; W Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James R. Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	July 1st 1906 (Month) (Day) (Year)
AGE	— years, 1 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	L. Riley
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Emelia Radcock
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emelia Riley

(Address) 834 Carroll at

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 28 1906 that I last saw h alive on July 28 1906, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Acute Broncho-Pneumonia (DURATION) 4 DAYS

Contributory

General Asthenia (DURATION) Life

(Signed) Howard W. Jones M. D.

July 29 1906 (Address) Irving Cain

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem—	July 30 1906
UNDERTAKER	ADDRESS
C. F. Mc Connick	1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 92269 — Registered No. B 92269

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1937 Wilkens ave ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret Hiller

{Residence, if in Baltimore, Give Street and Number.} 1937 Wilkens ave

Duration of Residence in Baltimore. 64 years

B. 92269

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 26th 1815

AGE: 91 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Bunner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Neffen

(Address) 1937 Wilkens ave

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from June 3 1906 to July 28 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age —

— (DURATION) DAYS

Contributory (Primary.)

— (DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date July 28 1906

Place of Burial Loudon Park

Date July 30th 1906

Undertaker E. J. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. #1402 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Lehneis

{ Residence, if in Baltimore, Give Street and Number. } #1402 Gough St.

Duration of Residence in Baltimore. 45 Years

D. 97.2 10

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 11th 1838
AGE	67 years, 9 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wolb

(Address) 1402 Gough St

Filed 7/30 1906 HARRY C. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 — 1906

I HEREBY CERTIFY, That I attended deceased from July — 1 — 1906 to July 27 — 1906 that I last saw h — alive on July 27 1906 —, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage —

4 Hours — (DURATION) DAYS

Contributory (Primary.) Coma —

2 Wks — (DURATION) DAYS

(Signed) Harper Sooner M.D.

Address 1713 Park Ave —

Date July 29 — 1906

Place of Burial Mt. Carmel Cemetery

Date 7/30/06 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 92271 Registered No. B 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 2125 Herbert St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Hoilda M Hennie

{Residence, if in Baltimore, Give Street and Number.} 2125 Herbert St.

Duration of Residence in Baltimore. Life

D. 92271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 30 1906.

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Sebastian Haines

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sebastian Haines

(Address) 2125 Herbert St

Filed 7/30 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 29 1906 that I last saw h[er] alive on July 29 1906, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Whooping cough

(DURATION) 8 DAYS

(Signed) Jonni Edwards M.D.

Address 1701 Pa Ave

Date July 30 1906

Place of Burial Arcadia Ind

Date July 31 1906

Undertaker Frankie C. Syfer

Address 1608 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oscar D. Haywood

{Residence, if in Baltimore, Give Street and Number.} 652 W. Hoffman av

B 92878

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH 1	
AGE ..... years, 1 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	James Haywood
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Haywood

(Address) 652 W. Hoffman av

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

Two weeks (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. Av. (Coroner)

Date July 27th 1906

Place of Burial Mt. Auburn

Date July 31st 1906

Undertaker Alfred Freeland

Address 106 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1919 Druid Hill Av St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Gertrude Hazelton

{Residence, if in Baltimore, Give Street and Number.} 1919 Druid Hill Av

Duration of Residence in Baltimore. Life

B 9265

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Daniel Hazelton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mamie Evans

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Daniel Hazelton

(Address) 1919 Druid Hill Av

Filed 7/30 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from May 21 1906 to July 28 1906

that I last saw her alive on July 28 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ethmoiditis

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 10 DAYS

(Signed) John A Heck M.D.

Address 647 N Fayette

Date July 30 1906

Place of Burial Mt Auburn

Date July 31 1906

Undertaker Chas Kemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

92274

(Place of Death.) No. 1607 Miller St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cunningham

{ Residence, if in Baltimore, Give Street and Number. } 1607 Miller St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Cunningham

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Mack

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Sudek

(Address) 2421 Monument St

Filed 7/30 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 27th 1906 to July 30th 1906, that I last saw her alive on July 29th 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 2 DAYS

Contributory (Primary.) Congenital Debility

(DURATION) 12 DAYS

(Signed) Charles L. A. Myer M.D.

Address 1021 N. Caroline St.

Date July 30th 1906.

Place of Burial Oak Hill

Date August

Undertaker Frank Brack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92275

CERTIFICATE OF DEATH. ~~92275~~

Registered No. B

City of Baltimore, (No. 1937 Light St., 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Englerth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ~~July~~ Mar ~~29~~ 30 1906 (Month) (Day) (Year)

AGE: — years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Englerth

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Knapp

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Jones

(Address) 137 E. West St.

Filed 7/30 1906

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 28 1906

that I last saw h... alive on July 28 1906;

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 3 DAYS

Contributory Mal. Nutrition

(DURATION) 30 DAYS

(Signed) W. L. Campbell M. D.

July 28 1906 (Address) 1644 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: July 30 1906

UNDERTAKER: Jos. Stuntebeck

ADDRESS: 1318 Light st.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92276 Registered No. B 92276

120

CERTIFICATE OF DEATH.

(Place of Death.) No 2437 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Alexander Wright.

{Residence, if in Baltimore, Give Street and Number.} 2437 Canton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30 1834

AGE: 72 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Wright

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Crandell

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Boyer

(Address) 2437 Canton Ave

Filed 7/30 1906 HARRY O. ANDREWS, PUBLIC HEALTH. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 24 1906 to 1906

that I last saw him alive on July 27 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) R. S. Kirk M.D.

Address 1610 E. Baltimore St

Date July 29th 1906

Place of Burial National Cem.

Date July 31st 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 [redacted] Registered No. B [redacted] 81

CERTIFICATE OF DEATH. 92277

(Place of Death.) No. 322 S Durham St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ely. Witter

{Residence, if in Baltimore, Give Street and Number.} 322 S Durham

Duration of Residence in Baltimore. 45 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH February 10th 1836

AGE 70 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adam Ruff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friedrich Witter

(Address) 322 S. Durham St

Filed 7/30 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 — 1906

I HEREBY CERTIFY, That I attended deceased from Jan — 5 1903 to July 28 — 1906, that I last saw her alive on " 25 — 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

General Arterio-Sclerosis

3 yrs — (DURATION) DAYS

Contributory (Primary.) General Debility

2 yrs — (DURATION) DAYS

(Signed) J. P. Musgrave M.D.

Address 1713 Bank St

Date July 28/1906 1906

Place of Burial Trinity Cemetery

Date July 30th 1906

Undertaker H. Sander Sons

Address 1700 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

92278

105

CERTIFICATE OF DEATH. 92278

(Place of Death.) No. 39 Druid Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. N. Baker

{Residence, if in Baltimore, Give Street and Number.} 39 Druid Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 12 1906

AGE: ..... years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Oscar Baker

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Ulmia Chilcoate

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Baker

(Address) 39 Druid Ave

Filed 7/30 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 30 1906 that I last saw him alive on July 30 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis (DURATION) 20 DAYS

Con'tributory (Primary.) Improper Nourishment (DURATION) — DAYS

(Signed) S. R. Wantz M.D.

Address 765 - 3rd ave

Date July 30 1906

Place of Burial Mt Olivet

Date July 31. 1906

Undertaker A. J. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 ... Registered No. B ...

CERTIFICATE OF DEATH.

92279
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(Place of Death.) No. 742 Potter Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Every H. Phillips

{ Residence, if in Baltimore, Give Street and Number. } Lft 742 Potter Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 9 1905

AGE: ... years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Benton A. Phillips

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Eliza A. Yeck

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: In Fant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B A Phillips

(Address) 742 Potter ave.

Filed 7/30 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to July 29 1906

that I last saw h... alive on July 29 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough (Enteric Colitis complicating for 3 weeks) (DURATION) 43 DAYS

Con'tributory (Primary) Catarrhal Pneumonia (DURATION) 12 DAYS

(Signed) R B Winnard M.D.

Address 3643 Chestnut Ave

Date July 30 1906

Place of Burial St Mary's

Date July 30 1906

Undertaker A S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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92280

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 323 E 25th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Rebecca McKenley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Samuel Ford

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elizabeth Ford

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marshall Duvall

(Address) 323 E 25 St

Filed 7/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9, 1906 to July 28, 1906

that I last saw her alive on July 28, 1906,

and that death occurred, on the date stated above, at 4.20 A. M. The CAUSE OF DEATH was as follows:

Old Age

Uraemia

(DURATION) 14 DAYS

Contributory Heart Failure.

(DURATION) 5 DAYS

(Signed) Hugh Forsythe, M. D.

July 30, 1906 (Address) 424 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: July 31 1906

UNDERTAKER: H E Hughes | ADDRESS: 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92281

CERTIFICATE OF DEATH. 92281

(Place of Death.) No. 2203 E Pratt St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marion A. Lowe

{Residence, if in Baltimore, Give Street and Number.} 2203 E Pratt

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 26 1855

AGE: 70 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Conn

FULL NAME OF FATHER: Henry Lindsley

BIRTHPLACE OF FATHER (State or country): Conn

MAIDEN NAME OF MOTHER: Mary Huntington

BIRTHPLACE OF MOTHER (State or country): Conn

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Rane

(Address) 2203 E Pratt St

Filed 7/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 28 1906

that I last saw h-r alive on " 1906,

and that death occurred, on the date stated above, at 11 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

13 days (DURATION) DAYS

Contributory (Primary) Cerebral paralysis (DURATION) DAYS

(Signed) J C Bowers M.D.

Address 710 Park Ave

Date July 28 1906

Place of Burial New Haven, Conn

Date JUL 31 1906 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92282 Registered No. B

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 ~~Moyer~~ Moyer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Rott

{ Residence, if in Baltimore, Give Street and Number. } 2108 Moyer st

Duration of Residence in Baltimore. Life

B. 9228

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 8 1889

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frank Rott

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Bergman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Rott

(Address) 2108 Moyer st.

Filed 11/30 1906

HARRY C. ANDREWS [PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29- 1906

I HEREBY CERTIFY, That I attended deceased from July 1- 1906 to July 29 1906

that I last saw h-r alive on July 28 1906

and that death occurred, on the date stated above, at 7

1 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis. Florida

(DURATION) 28 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) G. L. Blades M.D.

Address 121 Jackson Place

Date 190

Place of Burial Holy Redeemer

Date July 31 1906

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92283

Registered No. B

City of Baltimore, (No. 710, S. Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Wm Bangert.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Nov. (Month) 1 (Day) 1905 (Year)

AGE: ..... years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph A Bangert.

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Annie Kobert

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Bangert

(Address) 710 S. Rose st.

Filed 7/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 28 1906 that I last saw him alive on July 28 1906, and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 12 DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) O. L. Long M. D.

July 29 1906 (Address) 2429 Fait Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Alphonsus — DATE OF BURIAL: July 30 1906

UNDERTAKER: Jos J. Derr — ADDRESS: 1918 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 92284 Registered No. B 10 a.

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 S. Collington av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanislaus Shwarz

{Residence, if in Baltimore, Give Street and Number.} 509 S. Collington av

B 90284

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: May 3 1906

AGE: ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Walenty Shwarz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Bandowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walenty Shwarz

(Address) 509 S. Collington av

Filed 7/30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to July 25 1906 that I last saw him alive on July 25 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Stomatitis (DURATION) 4 DAYS

Contributory (Primary)

Indigestion (DURATION) 10 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann st

Date July 29 1906

Place of Burial Holy Rosary

Date Monday July 30 1906

Undertaker M. F. Sadowski

Address 703 S. Ann st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92285 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Johnson

{Residence, if in Baltimore, Give Street and Number.} 1108 Stockton St.

D.98285

Duration of Residence in Baltimore..

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1906

I HEREBY CERTIFY, That I attended deceased from July 13, 1906 to July 24 1906 that I last saw her alive on July 23 1906, and that death occurred, on the date stated above, at 10.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 10 DAYS

Contributory (Primary) Enlarged Liver and Chronic Nephritis (DURATION) 9 M'Ths DAY'S

(Signed) Wm. H. Wright M.D.

Address 1373 N. Calvert St.

Date July 24, 1906

JOHNS HOPKINS HOSPITAL JUL 27 1906

Place of Burial .....

Date 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

99386

Registered No. B .....

City of Baltimore, (No. 450 N. 25th St.; Home for Mothers & Infants St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Heath

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 17 (Day) 1906 (Year)

AGE: ..... years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Johns Hopkins Hospital

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Helena Elizabeth Heath

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/30 1906 HARRY O'T ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 28 1906 to July 24 1906 that I last saw h[illegible] alive on July 23 1906, and that death occurred, on the date stated above, at 4.30 a. m. The CAUSE OF DEATH was as follows:

Congenital debility

all the baby's life (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Hara Ballach M. D.

July 24 1906 (Address) 112 mt Royal ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 27 1906 190

UNDERTAKER: Commissioner Health, Health Department

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

206

B 42287

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Frobose

{ Residence, if in Baltimore, Give Street and Number. } Gardenville . Baltimore.

Duration of Residence in Baltimore. 9 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/30 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to July 11th 1906, that I last saw h[er] alive on July 11 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Ileo colitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. M. Baer Jr M.D.

Address 854 Carrollton Ave

Date July 11 1906 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 27 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

194

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 ... Book ... Registered No. B ...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Frank Stant

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 25 yrs.

B. 92288

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR Black	DATE OF DEATH July 26 1906
DATE OF BIRTH ... 1 ...	I HEREBY CERTIFY, That I attended deceased from July 9 1906 to July 26 1906
AGE 39 years, ... months, ... days	that I last saw him alive on July 26 1906
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at 5-45
BIRTHPLACE (State or country) Conn.	A. M. CAUSE OF DEATH (Secondary or Immediate
FULL NAME OF FATHER	Pulmonary Tuberculosis
BIRTHPLACE OF FATHER (State or country) Va.	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) N. J.	Exhaustion (DURATION) DAYS
OCCUPATION OF DECEASED Laborer	(Signed) ... M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Bay View Asylum
(Informant) Lemuel Holyday, Jr.	Date July 26 1906
(Address) Walbrook 1334 Lane	Place of Burial JOHNS HOPKINS HOSPITAL
Filed 7/30 1906 Registrar	Date JUL 27 1906 190
	Undertaker William H Woodus
	Address 1811 aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

194

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Louis Seelach

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 3 years.

B. 92289

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Bar Tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemuel Hollyday, M.D.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 7/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 26 1906 that I last saw h in alive on July 26 1906, and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date July 27 1906

JOHNS HOPKINS HOSPITAL

Place of Burial

Date July 28 1906

Undertaker William H Woodes

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 10

Ward ... Book ... Registered No. B ...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Griffith

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 3 years.

B 92290

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ... 1 ...

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemuel H. Hyde, Supt.

(Informant) ...

(Address) BAY VIEW ASYLUM

Filed 7/30 1906 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27 1906

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to July 27 1906 that I last saw h-e alive on July 27 1906, and that death occurred, on the date stated above, at 8 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

... (DURATION) ... DAYS

Contributory (Primary.) Exhaustion (DURATION) ... DAYS

(Signed) ... M.D.

Address Bay View Asylum

Date July 27 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 28 1906

Undertaker William H. Woodes

Address 184 Aisken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

21

21

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Johns

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

D. 92291

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bch

DATE OF BIRTH: About July 12 1906

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: of

BIRTHPLACE OF FATHER (State or country): Foundling

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2006 Madison Ave.

Filed 7/30 1906 C

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 26 1906 that I last saw h er alive on July 25 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2006 Madison Ave

Date July 26 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date 1906

Undertaker

Address Heath Department

WM. J. C. DULANY CO., BALTIMORE.

209

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 92292

CERTIFICATE OF DEATH.

34

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Washington

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

D 92292

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: Jan. 20 1904

AGE: 2 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Harford Co. Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alexius McGlennan

(Address) 2005 Madison Ave

Filed 7/30 1906

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1906

I HEREBY CERTIFY, That I attended deceased from June 22 1906 to July 26 1906 that I last saw h er alive on July 25 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Sepsis

(DURATION) 6 wks DAYS

Contributory (Primary.) General Tuberculosis

(DURATION) 2yrs. DAYS

(Signed) Alexius McGlennan M.D.

Address 2005 Madison Ave.

Date July 26 1906

JOHNS HOPKINS HOSPITAL
JUL 28 1906

Place of Burial

Date 190

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

deceased, and the *cause and date of death.*

209

Ward 9 — 92293 — Registered No. B 92293

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miles Liptrach

{Residence, if in Baltimore, Give Street and Number.} 114 Chestnut St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/30 1906

Registrar

HARRY O. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to July 24 1906 that I last saw him alive on July 24 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hugo M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 28 1906 1906

Commissioner Health,

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

216

Ward ..... 92294 Registered No. B 92294

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mitchell Bowman

{Residence, if in Baltimore, Give Street and Number.} Hughesville Md

Duration of Residence in Baltimore.....

D. 92294

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/22 1906 HARRY O'T ANDREWS? PERMIT CLERK?

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 22 1906 that I last saw h[illegible] alive on July 22 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Typhoid Fever

..... (DURATION) ..... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date July 26th, 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 25 1906

Undertaker Commissioner of Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21 0

Ward ..... Registered No. B 92295

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Mc. Eldrey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander C. Blacklar

{ Residence, if in Baltimore, Give Street and Number. } 1629 Mc Eldrey st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 13 1871

AGE: 34 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: A. C. Blacklar

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Achsah Goldsborough

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Rossman

(Address) 1629 Mc Eldrey st.

Filed 7/30 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 29 1906 190

I HEREBY CERTIFY, That I attended deceased from Jan 1904 to July 29 1906 that I last saw him alive on July 25th 1906, and that death occurred, on the date stated above, at 11 45 A. M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

Unknown (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) G B Britton M.D.

Address 1711 E Biddle St

Date JUL 30 1906 190

Place of Burial Greenmount, Cem.

Date JUL 31 1906 190

Undertaker Chas. S. Frey

Address 321 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92296

City of Baltimore, (No. 429 W Hamburg St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Ann Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Negro.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Taylor

(Address) 206 Atlee

Filed 7/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1906 to July 28 1906 that I last saw her alive on July 28 1906, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 48 DAYS

Contributory Heart failure

(DURATION) 30 DAYS

(Signed) Mary R. Brown M. D.

July 29 1906 (Address) 115 W. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 30 1906

UNDERTAKER: Geo R Strader — ADDRESS: 206 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 7 92297 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Nicholson

{Residence, if in Baltimore, Give Street and Number.} 122 N. Hughes St

Duration of Residence in Baltimore. Life

D 92297

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 45 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

~~BIRTHPLACE~~ OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Clemmens

(Address) 523 Conway.

Filed 7/30 1906 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to July 29 1906 that I last saw h[illegible] alive on July 29 1906, and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chr. Diffuse Nephritis.

Oedema of lungs.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date July 30 1906

Place of Burial Mt Auburn

Date July 31 1906

Undertaker Jno N Fowler

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

48

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 S. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. George F. Green

{ Residence, if in Baltimore, Give Street and Number. } 209 S. Collington ave

Duration of Residence in Baltimore. Lifetime

B. 92299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep 11 1878

AGE: 27 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas J Green

BIRTHPLACE OF FATHER (State or country): Balto ~~md~~

MAIDEN NAME OF MOTHER: Bridget Fleming

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Green

(Address) 209 S Collington ave

Filed 7/30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from April 8 1906 to July 28 1906

that I last saw h im alive on July 28 1906

and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Articular Rheumatism

(DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 2007 Eastern ave

Date July 30, 1906

Place of Burial St Vincents

Date July 31 1906

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

In Rec'd

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92293 Registered No. B 92293

CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 E Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Sweeney

{ Residence, if in Baltimore, Give Street and Number. } 1834 E Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 30 1906

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Sweeney

BIRTHPLACE OF FATHER (State or country) Allentown Pa

MAIDEN NAME OF MOTHER Annie Fitzpatrick

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sweeney

(Address) 1834 E. Fayette St.

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2 20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred R Cullen M.D.

Address Coroners Office

Date July 30 1906

Place of Burial Most Holy Redeemer

Date July 30 1906

Undertaker Jos J. Mann

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(2050) 92

(Place of Death.) No. 2050 E. Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Nicholas Foxcroft

{Residence, if in Baltimore, Give Street and Number.} 2050 E. Fayette St.

B. 91300

Duration of Residence in Baltimore. 75 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 7 1823

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Annapolis Md.

FULL NAME OF FATHER William Foxcroft

BIRTHPLACE OF FATHER (State or country) Annapolis Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Foxcroft.

(Address) 2050 E. Fayette st

Filed 7/30 1906 HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to July 29 1906 that I last saw h~~e~~ alive on July 28 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia causing respiratory failure

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) G. C. Rinehart M.D.

Address 2000 E. Baltimore st.

Date July 30 1906

Place of Burial Greenmount

Date July 31 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92301

City of Baltimore, (No 1044, W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Gamble

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 1 (Month) (Day) (Year)

AGE: 2 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Walter A. Gamble

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Frances Schimpf

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Gamble

(Address) 1044 W Saratoga st

Filed 7/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to July 29th 1906 that I last saw h... in alive on July 29th 1906, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Bronch. Pneumonia

(DURATION) 7 DAYS

Contributory Enteritis (DURATION) 2 DAYS

(Signed) Robt. J. Murray, M. D.

July 30th 1906 (Address) 510 W Fremont St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 190

UNDERTAKER: Wm J Schilling — ADDRESS: 915 N. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92302

Registered No. B.....

City of Baltimore, (No. Light & West St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Steers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 8 (Month) – 12 (Day) – 1839 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Casper Steers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Steiner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Harig

(Address) 1130 Light St

Filed 7/30 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10 1906 to July 28 1906 that I last saw h[er] alive on July 27 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Heart disease

7 months (DURATION) DAYS

Contributory age

(DURATION) DAYS

(Signed) Hirschberg M. D.

July 30 1906 (Address) 914 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnie Brae Cem	July 31 1906
UNDERTAKER	ADDRESS
John J. Faber	232 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92303

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Dumbarton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith M. Gorton

{ Residence, if in Baltimore, Give Street and Number. } 606 Dumbarton Ave

Duration of Residence in Baltimore. ~~Life~~ 15 years D 92303

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 3 1877

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Married~~ Wife

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John M. Goodwin

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Clara Forsythe

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Gorton

(Address) 606 Dumbarton Ave

Filed 7/30 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13 1905 to July 27 1906

that I last saw her alive on July 27 1906,

and that death occurred, on the date stated above, at 12 0m. A.M., CAUSE OF DEATH (Secondary or Immediate)

Catharsis of Stomach and Bronchitis

7 months (DURATION) 13 DAYS

Contributory (Primary.)

7 Months (DURATION) 13 DAYS

(Signed) C E Gardner M.D.

Address 601 Eutaw Ave

Date July 28 1906

Place of Burial Green Mount

Date July 31 1906

Undertaker Robt J Turner

Address Bway Fallsway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 92304 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Burgundy alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Buckhoff.

{Residence, if in Baltimore, Give Street and Number.} 922 Burgundy alley

Duration of Residence in Baltimore.....

D. 92304

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 3 1845
AGE	61 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Christian Keller
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Annie Keller
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bruckhoff

(Address) 922 Burgundy alley

Filed 7/30 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from 1904 to 1906

that I last saw h.. alive on 7/27 1906

and that death occurred, on the date stated above, at 8.30 a m, CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Last stroke (DURATION) 3 DAYS

Contributory (Primary) Resp Paralysis

(DURATION) DAYS

(Signed) Edw. Grumpler M.D.

Address 517 South St.

Date July 29 1906

Place of Burial Western Cemetery

Date July 31 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 So Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. King.

{Residence, if in Baltimore, Give Street and Number.} 1416 So Charles St.

Duration of Residence in Baltimore. Life.

D 90305

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 14 1905

AGE: 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph King.

BIRTHPLACE OF FATHER (State or country): Washington DC.

MAIDEN NAME OF MOTHER: Bessie McGraw

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie McGraw (mother)

(Address) 1416 So Charles St

Filed July 31, 1906

JOHN B. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29, 1906

I HEREBY CERTIFY, That I attended deceased from [redacted] 190 to [redacted] 190

that I last saw h[redacted] alive on [redacted] 190,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Colamphsia

(DURATION) DAYS

Contributory (Primary) Edema Postantipsiros (DURATION) DAYS

(Signed) H. M. Rawlands M.D.

Address Coroner

Date July 30 1906

Place of Burial Loudon Park

Date July 31 190

Undertaker John E. Levandecker

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Blanche. Buel

{ Residence, if in Baltimore, Give Street and Number. } Wallbrook Md.

Duration of Residence in Baltimore. 3 months

D. of H. 206

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Jan 27 1887
AGE	19 years, 6 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	Frank T Buel
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Ida F A L-
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Buel

(Address) Upperco Md

Filed July 31 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to July 29 1906 that I last saw h-er alive on July 29 1906, and that death occurred, on the date stated above, at 7:05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary.)

Tuberculosis (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospitals

Date July 29th 1906

Place of Burial Loudon Park Balto Co Md

Date July 31 1906

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 Jefferson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Talbott

{Residence, if in Baltimore, Give Street and Number.} 2205 Jefferson Place

D. 98307

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1831

AGE 75 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Waldron

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget McGee

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Undertaker

(Address) 1711- Maryland Ave

Filed 7/31/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 30 1906 that I last saw h-r alive on July 28 1906, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Decubent Diarrhoea

(DURATION) DAYS

Contributory (Primary.) old age Theart

(DURATION) DAYS

(Signed) John H. Grimes M.D.

Address 114 La. 21 St St

Date July 30 1906

Place of Burial St Patricks

Date Aug 2 nd 1906

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

72

(Place of Death.) No. 1805 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angelina Martini

{Residence, if in Baltimore, Give Street and Number.} 1805 Falls Road

Duration of Residence in Baltimore. 7 days

D 92308

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 24 1906

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Angelo Pisarino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Catrulla D'Aluri

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cindy Madragala

(Address) 1811 Falls Road

Filed ..... 190.....

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to July 30 1906

that I last saw him alive on July 30 1906

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Tetanus.

(DURATION) 1 DAY

Contributory (Primary.) Probably injury at birth (DURATION) DAY

(Signed) M E Douglass M.D.

Address 129 E North ave

Date July 31 1906

Place of Burial Holy Cross

Date July 31st 1906

Undertaker C A F Phillips

Address 1711 Eden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH. 92309

Registered No. B.....

City of Baltimore, (No. 1016 Woodley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Robert Dunn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 9 (Day) 1847 (Year)

AGE: 58 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Dunn

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mildred Harper

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hubbard Dunn

(Address) 1016 Woodley St

Filed 7/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to July 29 1906 that I last saw h.. alive on July 29 1906, and that death occurred, on the date stated above, at 1 35 P.M. The CAUSE OF DEATH was as follows:

Exhaustion following attack of Diarrhoea and was too weak to recover

(DURATION) 2 & 3 DAYS

Contributory Has had Diabetis for 2 or 3 years (DURATION) ..... DAYS

(Signed) Giesmann Bowman M. D.

July 30 1906 (Address) 833 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 31 1906

UNDERTAKER: E M Mitchell | ADDRESS: 1201 N Fayette

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1402 Harlem av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Manning

{Residence, if in Baltimore, Give Street and Number.} 1402 Harlem av

Duration of Residence in Baltimore. Life time B.9.D 310

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 17th 1858

AGE 47 years, 2 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry D Manning

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Cosey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizebeth L Longen

(Address) 1402 Harlem av

Filed 7/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906

I HEREBY CERTIFY, That I attended deceased from May 29th 1906 to July 31st 1906

that I last saw her alive on July 27th 1906

and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

with Asphyxia

(DURATION) 15 minutes DAYS

Con'tributory (Primary) Pulmonary Tuberculosis

12 months (DURATION) DAYS

(Signed) H Truxtun MD

Address 640 N Carrollton Ave

Date July 31st 1906

Place of Burial Mount Olivet

Date Aug 2nd 1906

Undertaker John J Gorman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH. B. 92311

Registered No. B2311

City of Baltimore, (No. 2017 Winans Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Duval

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Dec. (Month) 27 (Day) 1905 (Year)

AGE: 0 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt. City

FULL NAME OF FATHER: Edward Duval

BIRTHPLACE OF FATHER (State or country): Balt. City

MAIDEN NAME OF MOTHER: Peaw

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Duval.

(Address) 2017 Hinans Road

Filed 7/31 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 30 1906 that I last saw h[illegible] alive on July 25 1906, and that death occurred, on the date stated above, at 5. A. M. The CAUSE OF DEATH was as follows:

Convulsions —

(DURATION) DAYS

Contributory Entero colitis — 4 weeks (DURATION) DAYS

(Signed) H. Buell M. D.

July 30 1906 (Address) 1418 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross A.O.C. | DATE OF BURIAL: July 31 1906

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 1318 Light St

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 253 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah Roles Sr.

{Residence, if in Baltimore, Give Street and Number.} 253 S. Durham

Duration of Residence in Baltimore. 40 years D. 92 31 W

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1848

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm. Roles

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MDTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSDNAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Roles

(Address) 253 S. Durham

Filed 7/31 1906 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 st 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to July 28 1906 that I last saw h[illegible] alive on ..... 1906 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

(DURATION) 2 DAYS

Contributory (Primary.) Senile (DURATION) DAYS

(Signed) J. L. Dennis M.D.

Address 1733 Bank

Date July 30 st 1906

Place of Burial National Cemetery

Date July 31 st 1906

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

92313

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 418 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hyman Rubbell

{ Residence, if in Baltimore, Give Street and Number. } Elliott City, Md.

Duration of Residence in Baltimore. transient B. 92313

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH 1

AGE 1 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Abraham Rubbell

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Rudo

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Abraham Rudo

(Address) 418 N. Exeter St

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to July 30 1906

that I last saw him alive on July 30th 1906,

and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) 1 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 430 S. Exeter St Coroner

Date July 31st 1906

Place of Burial Washington Bd Cem

Date July 31, 1906

Undertaker Mary Lennon

Address 1138 Lowrie St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Gibbert

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 18 yrs

B. 9231H

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lester Holyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 29 1906

that I last saw h.. alive on July 29 1906,

and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) General asthenia (DURATION) ... DAYS

(Signed) ... M.D.

Address Bay View asylum

Date July 29 1906

Place of Burial Sacred Heart

Date 7/31 1906

Undertaker Evans & Spence

Address 1000 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D.....

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Krug

{ Residence, if in Baltimore, Give Street and Number. } 2216 Caulbridge

Duration of Residence in Baltimore. 19 yr

D. 92 15

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX F — COLOR W	DATE OF DEATH July 29 1906
DATE OF BIRTH May 1st 1876	I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....
AGE 30 yrs, 2 months, 25 days	that I last saw h.... alive on ....1906....,
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Baltimore	Bronchitis Pneumonia
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)	(DURATION) DAYS
OCCUPATION OF DECEASED	(Signed) F. L. Cameron M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Coroners Office
(Informant) John Krug	Date July 29 1906
(Address) 2216 Caulbridge St.	Place of Burial St. Pauls
Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date July 31st 1906
	Undertaker H. Bandel & Son
	Address 1710 Caulton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Anderson

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Infant Asylum

Duration of Residence in Baltimore. Lifetime

P 92 216

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH July 16, 1906

AGE ..... years ..... months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/31 1906

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 30 1906 that I last saw her alive on July 29 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Carolina Ave

Date 7-30- 1906

Place of Burial New Cathedral

Date July 31 St. 1906

Undertaker Morton Jahnigen Lane

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Rogers

{ Residence, if in Baltimore, Give Street and Number. } St Vinct Inf asylum.

Duration of Residence in Baltimore. Lifetime

D 92217

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	7- 4 1906
AGE	years, months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St Vincent Infant Asylum

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7- 30 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to July 30 1906 that I last saw h~~im~~ alive on July 29 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C H Hayward, M.D.

Address 1230 N Caroline St.

Date 7- 30 1906

Place of Burial Cathedral Cem

Date July 31" 1906

Undertaker M Fahey & Sons

Address 616 W Lafayette Ave

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 92318

City of Baltimore, (No. 148 Chestnut St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Zacriah Tates

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Brown

(Address) 148 E Chestnut St

Filed 7/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to July 30 1906

that I last saw him alive on — 1906,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Six Month (DURATION) DAYS

Contributory Asthenia

8 & 10 days (DURATION) DAYS

(Signed) A. J. Freedom M. D.

7/30 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn	July 31 1906
UNDERTAKER	ADDRESS
J. & E. Levitt	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF ~~DEATH~~.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred Misek

{ Residence, if in Baltimore, Give Street and Number. } 728 N. Collington Ave

Duration of Residence in Baltimore. Life

D. 92319

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred Misek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Mary Runge

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Misek

(Address) 728 N Collington ave

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at 7.40

11. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of Skull

(DURATION) Instee DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred H. Camalier M.D.

Address Coroner

Date July 30 1906

Place of Burial Holy Redeemer

Date Aug 2 1906

Undertaker Frank Grach

Address 1904 Collington ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEP

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92320

Registered No. B.....

City of Baltimore, (No. 30 & W Conway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ann Smith.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Oct (Month) 20 (Day) 1846 (Year)

AGE: 59 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co

FULL NAME OF FATHER: Robert Essex

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. C. H. Smith

(Address) 208 W. Conway St

Filed 7/31 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 31 1906 to July 30 1906 that I last saw her alive on July 30 1906, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

General failure resulting during Endocarditis Tuberculosis

.....(DURATION)..... DAYS

Contributory .....

.....(DURATION)..... DAYS

(Signed) C. C. Beacom M. D.

July 31 1906 (Address) 400 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 2 1906
UNDERTAKER	ADDRESS
Wm. J. Tickner	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 535 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Hammerschlag

{ Residence, if in Baltimore, Give Street and Number. } 535 W. Hamburg St

Duration of Residence in Baltimore. Lifetime B. 92 321

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 13 1865

AGE: 41 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Conrad Hentzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine -

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Hammerschlag

(Address) 535 W. Hamburg St

Filed 7/31 1906

HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1906

I HEREBY CERTIFY, That I attended deceased from July 23d 1906 to July 29th 1906 that I last saw h.er alive on July 29th 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage into Cerebellum

(DURATION) 7 DAYS

Contributory (Primary.) Asthma (DURATION) DAYS

(Signed) Fred Hammerschlag M.D.

Address 531 Lytle St

Date July 31 1906

Place of Burial Loudon Park Cem.

Date August 1 1906

Undertaker Wm J. Tickner & Sons

Address Caroline & Baca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 1309 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Reaney

{ Residence, if in Baltimore, Give Street and Number. } 1309 W Cross St.

Duration of Residence in Baltimore. Life. B. 92322

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 19 1905

AGE: — years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Reaney

BIRTHPLACE OF FATHER (State or country): Baltimore MD.

MAIDEN NAME OF MOTHER: Annie Russell

BIRTHPLACE OF MOTHER (State or country): Baltimore MD

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Reaney

(Address) 1309 W Cross St.

Filed 7/31 1906 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 28 1906 that I last saw h[illegible] alive on July 29 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea and Enteritis

3 weeks (DURATION) DAYS

Contributory (Primary.) Asthenia 8

(DURATION) 1 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia Ave

Date July 30 1906

Place of Burial Mt Olivet Cem

Date July 31 1906

Undertaker Wm J. Tickner & Sons

Address Caroline & Pacca Sts

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92323

Registered No. B.....

City of Baltimore, (No. 412, E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. McDowell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June (Month) 11 (Day) 1823 (Year)

AGE 83 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Thompson McDowell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B McDowell

(Address) Catonsville Md

Filed 7/31/1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30. 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 22. 1906 to July 30. 1906 that I last saw him alive on " 29 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Bulbar paralysis 4 months (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Hartman M. D.

July 31. 1906 (Address) 1132 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Lorraine Cemetery | DATE OF BURIAL Aug 2 1906

UNDERTAKER Geo J Smith & Co | ADDRESS 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, nativity, residence, occupation, date and cause of death, and the place of burial; and the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH D...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92324

Registered No. B.....

City of Baltimore, (No. 706, Edmondson ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary a Wolfe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January (Month) 5 (Day) 1840 (Year)

AGE: 66 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georga Wolfe

(Address) 706 Edmondson ave

Filed 7/31 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 30 1906 that I last saw her alive on 29th July 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bright's disease

Of several months (DURATION) ..... DAYS

Contributory Uraemic coma

2 days (DURATION) ..... DAYS

(Signed) John F. Mauger M. D.

July 31 1906 (Address) 1002 Edmondson ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Geo J Smith Co

ADDRESS: 1000 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Kidwell Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John P Panowicz

{ Residence, if in Baltimore, Give Street and Number. } 815 E. Glover St.

Duration of Residence in Baltimore. Life

B92325

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Maryland

FULL NAME OF FATHER Joseph Panowicz.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Josephine Mysnick.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED John a Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Panowicz.

(Address) 815 E. Glover St

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St.

Date July 31 = 1906

Place of Burial Loudon Park Cemetery

Date Wed. August 1 190 6

Undertaker M F Andrews & Co.

Address 703 E. Conn St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92326

City of Baltimore, (No. 1834 E. Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June (Month) (Day) 1821 (Year)

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Grant

(Address) 1734 East Eager st

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Several months at intervals 190 to 190 6

that I last saw h-e alive on July 29 1906,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

General Debility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Walter R. White M. D.

July 30 1906 (Address) 1101 N. Bivay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 1st 1906

UNDERTAKER: Wm J Gray & Co — ADDRESS: 525 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

(whether married or single) of the person

Ward 10 — 92327 Registered No. B 92327

CERTIFICATE OF DEATH.

(Place of Death.) No. 1057 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard J. Brown

{Residence, if in Baltimore, Give Street and Number.} 1057 W. Lexington St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 19 1875

AGE 31 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER James E. Brown

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Ella Evans

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella O'Grady

(Address) 1057 W. Lexington St

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from April 1905 to July 1 1906

that I last saw him alive on July 1 1906,

and that death occurred, on the date stated above, at 11:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 15 Months DAYS

Contributory (Primary.) Typho Malarial

(DURATION) ? DAYS

(Signed) Edw Gundry M.D.

Address 517 Lex St

Date July 29-06 1906

Place of Burial Bonnie Brae

Date Aug. 1st 1906

Undertaker Jno. A. Inman

Address Park & Penn Sts.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

92328 Registered No. B 92328

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. 200 W. Hill St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulzura Sanks.

{Residence, if in Baltimore, Give Street and Number.} 200 W. Hill St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Sanks

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Maggie Laws

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Sanks (mother)

(Address) 200 W. Hill St.

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from March 10 1905 to July 28 1906 that I last saw h[illegible] alive on July 28 1906 and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bul. Consumption

(DURATION) 4 Mos DAYS

Con'ributory (Primary.) Stomach

(DURATION) 4 Mos DAYS

(Signed) O. H. Florence M.D.

Address #712 S. Sharp St

Date July 31 1906

Place of Burial Mt. Auburn Cem.

Date July 31 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92329

Registered No. B

City of Baltimore, (No. 918 N. Fremont Ave St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Dolores Williamson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Nov (Month) 29 (Day) 1905 (Year)

AGE: — years, 8 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Williamson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Amelia Long

BIRTHPLACE OF MOTHER (State or country): Howard County Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amelia Long

(Address) 918 N Fremont Ave

Filed 7/31 1906 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 30th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to July 30 1906 that I last saw h[er] alive on July 30 1906, and that death occurred, on the date stated above, at 10.10 A. M. The CAUSE OF DEATH was as follows:

Dyspeptic Diarrhoea

(DURATION) 10 DAYS

Contributory — — (DURATION) DAYS

(Signed) E Miller Reed M. D.

July 30 1906 (Address) 924 N Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 1st 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92330

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92330

City of Baltimore, (No. 1421, Columbia Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Anna Maria Golden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1 (Month) 14 (Day) 1906 (Year)

AGE: ..... years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: Jas J. Golden

BIRTHPLACE OF FATHER (State or country): Balto. city

MAIDEN NAME OF MOTHER: Mrs. Josie Kuhns

BIRTHPLACE OF MOTHER (State or country): Balto. city

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas J. Golden

(Address) 1421 Columbia Ave.

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to July 30 1906 that I last saw h[illegible] alive on July 30 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Henry [illegible] M.D.

July 30 1906 (Address) 1421 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Linden Park | DATE OF BURIAL: Aug 1 1906

UNDERTAKER: Jennie C. Syfer | ADDRESS: 1600 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92331

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 92331

Registered No. B

City of Baltimore, (No. 958 Franklin Rd. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Bennett.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Cd.

DATE OF BIRTH: March (Month) 16 (Day) 1900 (Year)

AGE: 0 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City-

FULL NAME OF FATHER: Marden Bennett

BIRTHPLACE OF FATHER (State or country): Catonsville Md.

MAIDEN NAME OF MOTHER: Hattie Simpson

BIRTHPLACE OF MOTHER (State or country): Howard Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X Marden Bennett

(Address) 958 Franklin Rd.

Filed 7/31 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to July 29 1906 that I last saw h[im] alive on July 29 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Cretacania - Exanition
Dysfunctia Bronchora

Stated — (DURATION) 3 DAYS

Contributory Whooping Cough (DURATION) 21 DAYS

(Signed) Chas. S. Parker M. D.

7/30 1906 (Address) 3111 W Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Colored Cemetery Catonsville

DATE OF BURIAL 190

UNDERTAKER

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

L

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92332 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

92

Full Name Infant of Florence Hall 92332

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH April 21st. 1906

AGE ..... years, ... months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Valentine

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Florence Hall

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

211

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1906

I HEREBY CERTIFY, That I attended deceased from April 21st 1906 to July 28th 1906 that I last saw him alive on July 28th 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia.

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature Birth

..... (DURATION) ..... DAYS

(Signed) F. C. Goldsmith M.D.

Address Johns Hopkins Hospital

Date July 29th 1906

JOHNS HOPKINS HOSPITAL JUL 30 1906

Place of Burial .....

Date ..... 190...

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSE

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 — 92333 — Registered No. B 92333

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 114 East St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rastus Hanick

{Residence, if in Baltimore, Give Street and Number.} 114 East

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: Colored

DATE OF BIRTH: — 1

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or couutry): - - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - - - -

OCCUPATION OF DECEASED: laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mrs Hanick

(Address) 114 Eastst

Filed 7/31 1906 — HARRY O. ANDREWS, CHIEF CLERK. — Registrar

morgue

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30, 1906

I HEREBY CERTIFY, That I attended deceased from Sunday 190 to death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) Benj. S. Hanckel M.D.

Address 408 N. Exeter st

Date July 30 1906

JOHNS HOPKINS HOSPITAL — JUL 31 1906

Place of Burial

Date 190

Undertaker Commissioner Health Department

Address

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

w 1

Ward ..... 92334 Registered No. B 92334

179

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium, Mt Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Dedie Boulding

{ Residence, if in Baltimore, Give Street and Number. } 1132 McElderry St.

Duration of Residence in Baltimore. 6 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	Black

DATE OF BIRTH ..... 1 .....

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... July 25. 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to July 25 1906 that I last saw him alive on July 25 1906, and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

6 months. (DURATION) ..... DAYS

Contributory (Primary.) Marasmus.

6 months. (DURATION) ..... DAYS

(Signed) J. McClure Jr. M.D.

Address 804 Cathedral St.

Date July 27. 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date ..... 190 ....

Undertaker Commissioner Health.

Address Health Department

HARRY O. ANDREWS PERMIT CLERK.

FOR ADMINISTRATIVE PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

209

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 92335 Registered No. B 92335

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Elizabeth F. Burkert

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: May 25 1906

AGE: — years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 28 1906 that I last saw her alive on July 27 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 28 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 30 1906 190

HARRY O. ANDREWS, PERMIT CLERK, Commissioner of Health.

Undertaker Health Department

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 92336

City of Baltimore, (No. 413 Druid Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Chas. E.~~ William H. Deaver.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Ed

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alphonse L Deaver

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Cora Spencer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A A Deaver

(Address) 413 Druid Hill Ave

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to July 31st 1906 that I last saw him alive on July 30th 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Acute Gastro Intestinal Infection This Child was treated at the B.M.C. Dispensary

About (DURATION) 2 DAYS

Contributory Probably - its dietary worm weather (DURATION) ..... DAYS

(Signed) Samuel A Bain M. D.

July 31st 1906 (Address) 619 W Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL Cathedral

DATE OF BURIAL Aug 1st 1906

UNDERTAKER L. C. Wright

ADDRESS 1364 Pt Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH. 92337

Registered No. B

City of Baltimore, (No. 620 Jefferson St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John H Mc Cormack

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Dec (Month) 4 (Day) 1900 (Year)

AGE: 6 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John J Mc Cormack

BIRTHPLACE OF FATHER (State or country): Irelander

MAIDEN NAME OF MOTHER: Mary Harris

BIRTHPLACE OF MOTHER (State or country): Irelander

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mc Cormack

(Address) 625 Jefferson ST

Filed 8/31 1906

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to July 31 1906

that I last saw h— alive on July 31 1906,

and that death occurred, on the date stated above, at 3.05 a M. The CAUSE OF DEATH was as follows:

Acute Gastritis + enteritis

(DURATION) 1 DAYS

Contributory

(DURATION) DAYS

(Signed) H J Strickler M. D.

July 31 1906 (Address) H J Strickler MD

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 2 1906
UNDERTAKER	**ADDRESS**
Wm J Scharpff	8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH. 92338

Registered No. B

City of Baltimore, (No. 1834, E. Fayette St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Sweeney

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March (Month) 30 (Day) / 1906 (Year)

AGE: — years, 4 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jas B.

BIRTHPLACE OF FATHER (State or country): allentown Pa

MAIDEN NAME OF MOTHER: Annie Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Phila Pa

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas B Sweeney

(Address) 1834 E. Fayette st.

Filed 7/31 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) / 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 / 1906 to July 31 / 1906

that I last saw h alive on July 30 / 1906,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Marasmus

3 mos (DURATION) DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) S. G. Rowden M. D.

July 31 / 1906 (Address) 1904 E. Fayette st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 31 1906
UNDERTAKER	ADDRESS
Jas. J. Kerr	1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 92339 — Registered No. B 92339

CERTIFICATE OF DEATH.

104

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Belle Banks

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1845
AGE	61 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Francis F. Banks
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Lydia Hitch
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley str:

Filed 7/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on July 27 1906,

and that death occurred, on the date stated above, at 5.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute indigestion

(DURATION) 9 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 31 1906

Place of Burial New Cathedral Cemt

Date August 1st 1906

Undertaker Crowley Bro.

Address 1500 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 92340 — 92340 Registered No. B

CERTIFICATE OF DEATH.

179.

(Place of Death.) No. St Vinct. Infant asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Marked Douglas

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W.
DATE OF BIRTH: Jan 10 1906	
AGE: ..... years, 6 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. A. Asy

Filed 7/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31, 1906

I HEREBY CERTIFY, That I attended deceased from Jan 10 1906 to July 31 1906 that I last saw h[illegible] alive on July 30 1906, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1338 N Carrollton Ave

Date July 31, 1906

Place of Burial New Cathedral

Date Aug 1st 1906

Undertaker Martin Fahrney Son

Address 806 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1614 Shakespeare St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alexander Katovsky

{Residence, if in Baltimore, Give Street and Number.} 1614 Shakespeare St

Duration of Residence in Baltimore. life time B 92 3 11

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ....years, 7 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Alex Katoski

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Stanislawa Pupsinski.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Katoski

(Address) 1614 Shakespeare St

Filed 7/31 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to July 30 1906 that I last saw him alive on July 30 1906, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Cantarrh

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date July 31 1906

Place of Burial Holy Rosary

Date Wed August 1st 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Burg

Registered No. B 92342

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry F. Winecke

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 42 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Holyday Supt. BAY VIEW ASYLUM.

(Address)

Filed Aug 1st 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to July 30 1906 that I last saw h alive on July 30 1906, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pleurisy

Tubercular Bronchia

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Elephantiasis.

(DURATION) DAYS

(Signed) M D Warnick M.D.

Address Bay View Asylum

Date July 30 1906

Place of Burial Balto. Cem.

Date Aug. 1st 1906

Undertaker Trundell Lifsey & Son

Address 3305 Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

Registered No. B 92343

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Elm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ferreri

{ Residence, if in Baltimore, Give Street and Number. } 522 Elm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Balto. 1906

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Antonio Ferreri

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonio Ferreri

(Address) 522 East St

Filed Aug 1st 1906

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to July 30 1906 that I last saw her alive on July 30 1906, and that death occurred, on the date stated above, at 0

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 days

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Clemens M.D.

Address 1 E Saratoga

Date July 31 1906

Place of Burial St Vincents

Date Aug 1 1906

Undertaker J. B. Dipple

Address North Ave & Augusta St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 92344

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Krafft

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16th 1839

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lorenz Krafft

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Barbara Fuchs

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Cleary

(Address) Preston St

Filed Aug 1st 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906

I HEREBY CERTIFY, That I attended deceased from No Record 190 to 190

that I last saw h was alive on July 31 1906,

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

unknown (DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) J. A. Vamer M.D.

Address 433 Vaeley Av

Date July 31 1906

Place of Burial Holy Redeemer

Date Aug 1906

Undertaker Wendell Dipple

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 92345 — Registered No. B 92345

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 3214 Bandley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Richard Scott

{Residence, if in Baltimore, Give Street and Number.} 3214 Bandley St. D. 92345

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1905

AGE 1 year, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Daniel Scott

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Amelia Tunnay

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Scott

(Address) 3214 Bandley St

Filed 8/1 1906 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from Apr 1 1906 to July 30 1906 that I last saw h[illegible] alive on July 30 1906, and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 East 23 St

Date July 31 1906

Place of Burial Laurel Cemetery

Date Aug 1 1906

Undertaker Felix B. Fox

Address 1021 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — 92346 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Oberman

{ Residence, if in Baltimore, Give Street and Number. } 2212 E. Fayette st.

Duration of Residence in Baltimore. Lifetime

D. 92346

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 15 1878

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Bernard Oberman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address)

Filed 8/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 4 1906 that I last saw h-r alive on July 29 1906, and that death occurred, on the date stated above, at 2.L. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rinke M.D.

Address 1000 E. Baltimore St.

Date July 31 1906

Place of Burial Holy Redeemer

Date Aug 2 1906

Undertaker Kendall Duffield

Address 378 Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 92347 Registered No. B 92347

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Grese

{Residence, if in Baltimore, Give Street and Number.} 226 N. Fremont Ave.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1st 1830

AGE 75 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bavaria Germany

FULL NAME OF FATHER — Rapp

BIRTHPLACE OF FATHER (State or country) Bavaria Germany

MAIDEN NAME OF MOTHER Barbara Heiner

BIRTHPLACE OF MOTHER (State or country) Bavaria Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Grese

(Address) 1002 W. Lexington ave

Filed 8/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1, 1906

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to July 31, 1906 that I last saw h[er] alive on July 31, 1906, and that death occurred, on the date stated above, at about 2:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis
Myocarditis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis Hamman M.D.

Address 21 W. Franklin Ave

Date August 1, 1906

Place of Burial Baltimore County

Date Aug 3rd 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

92348 Registered No. B 92348

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 Rutter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Anna Cook

{ Residence, if in Baltimore, Give Street and Number. } 1516 Rutter st

D. 92348

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Annarundel Co

FULL NAME OF FATHER: Lewis Hammond

BIRTHPLACE OF FATHER (State or country): Annarundle Co

MAIDEN NAME OF MOTHER: Mary Jane Watson

BIRTHPLACE OF MOTHER (State or country): Annarundle Co

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fowlser

(Address) 1516 Rutter st

Filed 8/1 1906 HARRY O. ARBREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1906

I HEREBY CERTIFY, That I attended deceased from

1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hamorrhage.

In bed Twelve

about six mos (DURATION) DAYS

Contributory (Primary.) Pulmonary Consumption (DURATION) DAYS

(Signed) Dean Baldwin M.D.

Address 700 Long Av. Canton

Date July 30th 1906

Place of Burial Furnish Branch Annerundel Co md

Date Aug 1st 1906

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 9349

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 116 Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Karl William Luetzenkirchen

{Residence, if in Baltimore, Give Street and Number.} 117 N. Fremont St.

Duration of Residence in Baltimore. 11 yrs.

B 9349

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH Aug. 14th 1895

AGE 10 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Connecticut

FULL NAME OF FATHER Wm. H. Luetzenkirchen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Schmidt

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Luetzenkirchen

(Address) 117 N. Fremont St.

Filed 8/ 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to July 29 1906 that I last saw him alive on July 29 1906, and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH. (Secondary or Immediate.)

Septicaemia, from accidental injury Common Baldwin)

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address 116 Gen. Hospital

Date July 30, 1906

Place of Burial London Park

Date Aug 1st 1906.

Undertaker Philip Heuisler Jr.

Address 119 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 92350 Registered No. B 92350

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas. Addison

{Residence, if in Baltimore, Give Street and Number.} 910 W. Pratt St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edw Addison

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sophia Umbridge

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Furniture Mover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 8/1 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 30 1906 that I last saw him alive on July 30 1906 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculer Pneumonia

Asthenia

about (DURATION) 1 month

Contributory (Primary.) Tuberculer Pneumonia (DURATION) 1 month DAYS

(Signed) E. A. Munroe M.D.

Address 1801 Guilford Ave. Balto Emil Surg. 651 W. Lex. St.

Date 7/31 1906

Place of Burial Western

Date Aug 1st 1906

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 92351 — Registered No. B 92351

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Walker St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Stein

{ Residence, if in Baltimore, Give Street and Number. } 1604 Walker St

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 16th 1840
AGE	65 years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie E. Stein

(Address) 1604 Walker St

Filed 8/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1906

I HEREBY CERTIFY, That I attended deceased from April 12, 1906 to July 29 1906 that I last saw him alive on July 29 1906, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 8 mo. (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Hellen M.D.

Address 1937 Gough St

Date July 31 1906

Place of Burial Oak Lawn Cem

Date 8/1/06 190

Undertaker J. Herwig & Son

Address 200 E Albemarle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N Fremont ave St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Guest

{Residence, if in Baltimore, Give Street and Number.} 229 N. Fremont ave

Duration of Residence in Baltimore. 65 Years

D. 92352

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 20th 1834

AGE 71 years, 10 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George W. Talbott

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maria Knapp

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Guest

(Address) 229 N. Fremont

Filed 8/1 1906 HARRY O. ANDREWS, PARKET CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 28th 1906 to July 30th 1906

that I last saw h[er] alive on July 30th 1906

and that death occurred, on the date stated above, at 8.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Caused by Hemorrhage from Stomach

(DURATION) 2 DAYS

Contributory (Primary) Gastric ulcer

(DURATION) 2 DAYS

(Signed) Henry C. Ohel M.D.

Address 1703 W. Fayette

Date Aug 1 1906

Place of Burial Mount Olive Cemetery

Date Aug 2nd 1906

Undertaker Geo. Weber

Address 1153 W. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 92353 — Registered No. B 92353

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704 E Preston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Grace A. Morris

{Residence, if in Baltimore, Give Street and Number.} 1704 E Preston

Duration of Residence in Baltimore. 23 years B-92353

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept 30 1835 (1906)

AGE 70 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER Thos P Morris

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER Alicia Rison

BIRTHPLACE OF MOTHER (State or country) Charles Co. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A Tom

(Address) 1704 E Preston

Filed 8/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29. 1906

I HEREBY CERTIFY, That I attended deceased from July 22. 1906 to July 29 1906 that I last saw h[illegible] alive on June 23. 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

Probably (DURATION) 6 or 7 mos. DAYS

Contributory (Primary) Arteriosclerosis (DURATION) Do not Know DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date Balto. July 30. 1906

Place of Burial Loudon P.K

Date Aug 1 1906

Undertaker Robt J Turner

Address Busy Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92354

City of Baltimore, (No. 1703 Clarke St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Undutch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 27 1906 (Month) (Day) (Year)

AGE: — years, 3 months, 4 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Undutch

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Sherlock

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Undutch

(Address) 1703 Clarke St

Filed 8/1 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to July 31 1906 that I last saw h-er alive on July 31 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory Mal-Nutrition

(DURATION) 14 DAYS

(Signed) R. L. Campbell M. D.

July 31 1906 (Address) 1644 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Aug 1 1906
UNDERTAKER	**ADDRESS**
Jos. Stumbeck	1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

92355

125

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92355

Registered No. B .....

City of Baltimore, (No. 313 N. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William B. L. Bowman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 8 Aug. (Month) 3rd (Day) 1861 (Year)

AGE: 44 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Woodstock Va

FULL NAME OF FATHER: George M. Bowman

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Catherine L. Funck

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Attorney at Law

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. A. Bell, MD

(Address) 823 W Fayette St

Filed 8/1 1906

MARY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 31st 1906
(Month) 31 (Day) 06 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to July 30th 1906 that I last saw him alive on July 30th 1906, and that death occurred, on the date stated above, at 2.45 a. M. The CAUSE OF DEATH was as follows:

Disease of Prostate
= Urethritis = Urinary Abscess

(DURATION) — DAYS

Contributory Septicemia

(DURATION) — DAYS

(Signed) Samuel A. Bell M. D.

7.31 1906 (Address) 823 Fayette St W

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Mary's Cem (H)

DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Wm Cook

ADDRESS: 507 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 92356 Registered No. B 92356 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 Chase St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Shaney.

{ Residence, if in Baltimore, Give Street and Number. } 1936 Chase St

Duration of Residence in Baltimore. Life time

D. 92356

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 15 1906

AGE: ..... years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank P Shaney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Hartman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank P. Shaney

(Address) 1936 E. Chase St.

Filed 8/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31. 1906

I HEREBY CERTIFY, That I attended deceased from July 24. 1906 to July 31. 1906 that I last saw h er alive on " 30 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

a Entero - Colitis

(DURATION) 7 DAYS

Contributory (Primary.) 1

Marasmus (DURATION) 4 mo DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N Caroline St

Date July 31. 1906

Place of Burial Mount Olivet

Date Aug 2 1906

Undertaker Sours Norman

Address 6 S Carrollton

WM. J. C. DULANY CO., BALTIMORE.

HARRY D. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 92357 Registered No. B 92357

CERTIFICATE OF DEATH.

(Place of Death.) No. Preston & Wolfe Sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George F C Mashmeyer

{Residence, if in Baltimore, Give Street and Number.} 1003 N Dallas St

Duration of Residence in Baltimore. Life time

D. 92357

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 26 Nov 1886

AGE: 19 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Mashmeyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schewer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Mashmeyer

Address 1003 N Dallas St

Filed 8/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 5.30 P M.

CAUSE OF DEATH (Secondary or Immediate)

Body mangled & Crushed by wagon (accidental)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo F Carelle M.D.

Address Coroner

Date Aug 1 1906

Place of Burial Trinity M E Cemetery

Date Aug 4 1906

Undertaker Louis Heemann

Address 6 S Carrollst

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 92358

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier #8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Harris C.

{Residence, if in Baltimore, Give Street and Number.} 774 Bradley St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Don't know 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Augusta Ga.

FULL NAME OF FATHER: Samuel Dorsell C.

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Susan Webb C

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucian Harris Elrotte

(Address) 774 Bradley.

Filed 8/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906 to 1906~~

that I last saw h~~im~~ alive on ~~1906~~,

and that death occurred, on the date stated above, at ~~—~~

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. McGuinness M.D.

Address Coroner

Date July 31 1906.

Place of Burial Mt Auburn

Date August 1 1906

Undertaker Alex Holmes Jr

Address 528 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92359

City of Baltimore, (No. 622 W. Conway St.; 22nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman George Zimmerman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 23rd 1869 (Month) (Day) (Year)

AGE 37 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widower

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frederick Wm. Zimmerman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Adelaide Gohlinghorst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Zimmerman

(Address) 172 Hanover St.

Filed Aug 1st 1906 HARRY O. ANDREWS, Registrar

PERMIT

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to July 31st 1906 that I last saw him alive on July 31st 1906, and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Several Years (DURATION) DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) H. J. Carrick M. D.

190 (Address) 1417 McCulloh St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 2 1906
UNDERTAKER	ADDRESS
H Nicolaus & Son	1820 Canton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92360

City of Baltimore, (No. 829 E. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Shaferman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 1. (Day) 1906 (Year)

AGE: — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Benjamin Shaferman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosie London

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjayman Shaferman

(Address) 829 E Pratt st

Filed 8/1 1906 HARRY O. ANDREWS. Registrar PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to July 30 1906

that I last saw her alive on July 30 1906,

and that death occurred, on the date stated above, at 5.30 a. m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 12 DAYS.

Contributory —

(DURATION) DAYS

(Signed) M. Furschman M. D.

Aug 1. 1906 (Address) 900 E. Balto st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philip Pat Rosedale — DATE OF BURIAL: Aug 1 1906

UNDERTAKER: Mr Levinson — ADDRESS: 1138 Lan

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B92361

City of Baltimore, (No. 110 N. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hyman Pestka

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Pestka

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Sugarman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Pestka

(Address) 110 N. Eden St

Filed 8/1 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7/31 1906 to 8/1 1906

that I last saw h... alive on ... 1906,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Cholera Morbus

one weeks (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) A. J. Freedman M. D.

8/1 1906 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Bd Bradale — DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Mayer Simon — ADDRESS: 1138 Lowe

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 92362 — Registered No. B 92362

99

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Schonberger

{Residence, if in Baltimore, Give Street and Number.} 602 N Durham St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 17 1898

AGE: 7 8 years, 7 months, 14 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nicholas Schonberger

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Maggie Seedner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1602 N Durham St

Filed 8/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to July 31 1906

that I last saw h am alive on July 31 1906,

and that death occurred, on the date stated above, at 9:25 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

* General Septicemia

(Multiple Abscesses of Lungs a.o.j.) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Richmond M.D.

Address Johns Hopkins Hospital

Date July 31 1906

Place of Burial Holy Redeemer

Date Aug. 2nd 1906

Undertaker Henry Koch & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

* over

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92363

City of Baltimore, (No. Fraunklin Square Hosp. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Sanders.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1846 (Year)

AGE: 60 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert County Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. C. Sanders

(Address) 1123 N. Sharp St

Filed 8/1 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to July 31 1906 that I last saw her alive on July 31 1906, and that death occurred, on the date stated above, at 11:00 P. M. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 9 DAYS

Contributory

(DURATION) 9 DAYS

(Signed) F. Edward Hunt M. D.

8/1 1906 (Address) 5781 Harford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1123 N. Sharp St. How long at Place of Death 1/2 Days

Where was disease contracted, if not at place of death? 1123 N. Sharp St.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Aug 3 1906
UNDERTAKER	ADDRESS
Wm Cook	507 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 92364 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Miller Shff. Foot of Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bronislaw Malachowski

{ Residence, if in Baltimore, Give Street and Number. } 1606 Canton ave

Duration of Residence in Baltimore. 6 years

B 92364

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 8 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland.

FULL NAME OF FATHER Frank Malachowski.

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Kaluka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Malachowski

(Address) 1606 Canton Ave

Filed 8/1 190 6

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Ludlow Cunn M.D.

Address 320 N Green St

Date Aug 1st 1906

Place of Burial Holy Rosary

Date Aug 1 190 6

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92365 Registered No. B 92365

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Mt Wilson Md.

Full Name Maurice Hughes

{Residence, if in Baltimore, Give Street and Number.} 931 Woodyear St.

Duration of Residence in Baltimore. 11 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black.

DATE OF BIRTH: —— 1

AGE: ..... years, 11 months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/1 1906

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29. 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to July 29 1906 that I last saw h im alive on July 29 1906, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and
Dyspeptic Diarrhoea

One month. (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry White M.D.

Address Mt Wilson Md

Date July 30 1906

COLLECTOR OF FEES.

Place of Burial

Date July 31 1906

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

212

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 151.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Greens Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Harthousen

{ Residence, if in Baltimore, Give Street and Number. } 1015 Greens Court

Duration of Residence in Baltimore. Life D-92366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 29 1906

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Harthousen

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Catherine Wermuth

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Harthousen (mother)

(Address) 1015 Greens Ct

Filed 8/1 1906 HARRY C. ANDRES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary) Premature Birth

(DURATION) DAYS

(Signed) Chas Reinhardt M.D.

Address Coroner

Date Aug 1 1906

Place of Burial Cedar Hill

Date Aug 2 1906

Undertaker Jos. Stuntebeck

Address 1218 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92567. Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James B. Appel

{ Residence, if in Baltimore, Give Street and Number. } 418 N. Caroline st.

Duration of Residence in Baltimore. Lifetime

D. 92367

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 26 1906
AGE	..... years, 2 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Charles Appel
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Catherine Townsen
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Appel.

(Address) 418 N. Caroline St

Filed 8/1 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 — 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to July 31 1906 that I last saw him alive on July 31 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Feilg M.D.

Address 1219 N. Caroline st

Date August 1 — 1906.

Place of Burial Baltimore Cem.

Date Aug 2d 1906 190

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

92368

CERTIFICATE OF DEATH.

Registered No. B 92368

(Place of Death.) No. 2200 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Clements

{ Residence, if in Baltimore, Give Street and Number. } 2200 McCulloh St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH .....

AGE 34 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. A. Clements

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Clements

(Address) 2200 McCulloh St

Filed 8/1 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or immediate.)

Heart Disease (Sudden)

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Jno A Cullum M.D.

(DURATION) ..... DAYS

Address Coroners Office

Date Aug 1 1906

Place of Burial St Thomas Church Forest Home Cem

Date Aug 3 1906

Undertaker Randall Dupuy & Son

Address 330 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever it shall be the duty of the Coroner, when the said city it shall be notice, to furnish within eighteen hours after any person who attended during his or her last sickness, or the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*, to the Registrar of Vital Statistics, a certificate

Ward 7

Registered No. B 92369

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beula Taylor

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

92369

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Dec. 28 1905

AGE: — years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 8/1 1906

HARRY O'M. ANDREWS, Registrar

PERMIT CLERK.

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 1 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to Aug 1 1906

that I last saw her alive on July 30 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) Days DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Aug. 1 1906

Place of Burial New Cathedral Cemetery

Date Aug. 1 1906

Undertaker John B Fyfe

Address 1056 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single), deceased, and the **cause and date of death.**

Ward 1

Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edw Harris

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home 92370

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: July 21 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius W Cleaveland

(Address) 2005 Madison Ave.

Filed Aug 1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~July~~ Aug. 1 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to Aug. 1 1906

that I last saw him alive on July 31 1906,

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Aloysius W Cleaveland M.D.

Address 2005 Madison Ave.

Date Aug. 1 1906

Place of Burial New Cathedral ✓

Date Aug. 1 1906

Undertaker Wm. J. C. Dulany Co.

Address 102 E. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B 129

CERTIFICATE OF DEATH.

(Place of Death.) No. 3046 Boston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Casmier Rakowicz

{ Residence, if in Baltimore, Give Street and Number. } 3046 Boston St.

Duration of Residence in Baltimore. Life 92371

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 4th 1905

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Alabama Miss

FULL NAME OF FATHER: Wladislaw Rakowicz.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Nowak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaw Rakowicz.

(Address) 3046 Boston St

Filed 1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 15th 1906 to July 22 1906 that I last saw h[illegible] alive on July 22 1906, and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 6 week DAYS

Contributory (Primary.)

asthenia (DURATION) — DAYS

(Signed) C. N. Athey M.D. (acting)

Address 839 S. Caton Ave

Date Aug 1st 1906

Place of Burial St Stanislaus

Date August 2 1906

Undertaker M F Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Litsinger

{Residence, if in Baltimore, Give Street and Number.} 407 3rd Ave 92372

Duration of Residence in Baltimore Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 19 1842

AGE 64 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Litsinger

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Elizabeth Warfield

BIRTHPLACE OF MOTHER (State or country) Howard Co

OCCUPATION OF DECEASED Shoe Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Sarah Litsinger

(Address 407 3rd Ave.

Filed 11 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to July 30 1906 that I last saw h in alive on July 30 1906, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 23 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) D N Smyth M.D.

Address 206-3rd Ave

Date Aug 1st 1906 1906

Place of Burial Greenmount Cem

Date Aug 2 1906

Undertaker H S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter R. Crabbe

92373

{ Residence, if in Baltimore, Give Street and Number. } Hagan, Va

Duration of Residence in Baltimore. Non resident

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov 9th 1852
AGE	53 years, 8 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	J E R Crabbe
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B R Logie M.D

(Address) Washington D C

Filed Aug 1 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 1906

that I last saw him alive on July 1906,

and that death occurred, on the date stated above, at 6-50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic disease & the heart.

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hamilton M.D.

Address 408 E. Fisher st Germ

Date July 31, 1906

Place of Burial Green Mount

Date Aug 1 st 1906

Undertaker E M Mitchell

Address 1207 N Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 92374

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mabel Lee Gaines

{Residence, if in Baltimore, Give Street and Number.} 626 N Caroline St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 5 1894

AGE: 12 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Gaines

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hattie Mallory

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Gaines

(Address) 626 N Caroline St

Filed Aug 2nd 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 1 1906 that I last saw her alive on Aug 1 1906, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Burgland M.D.

Address Johns Hopkins Hosp

Date 190

Place of Burial Laurel Cemetery

Date Aug 4th 1906

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92375

City of Baltimore, (No. 21 Browns Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Wilhelm Jüngling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 14 (Month) — 1905 (Year) 1 (Day)

AGE: 1 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. Jüngling.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Blumser

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo. P. Paules

(Address) 2101 Frederick Ave.

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to July 31 1906 that I last saw h[im] alive on July 31 1906, and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 1 DAY

Contributory Heart Paralysis

(DURATION) — DAYS

(Signed) J. H. Hoffacker M. D.

Aug 1 1906 (Address) 702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Mrs. Geo. P. Paules — ADDRESS: 2101 Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teddy Eddy

{ Residence, if in Baltimore, Give Street and Number. } Johnsonville S.C.

Duration of Residence in Baltimore.....

B 9232

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 2 years, 4m months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): S C

FULL NAME OF FATHER: Edward Eddy

BIRTHPLACE OF FATHER (State or country): S Carolina

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Eddy

(Address) Johnsonville S C

Filed Aug 2 1906

PERMIT CLERK. Registrar

Loeb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 2 1906

that I last saw h in alive on Aug 2 1906,

and that death occurred, on the date stated above, at 3.53 am

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Desease with

Surgical Shock

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W J Brown M.D.

Address Union Protestant Infirmary

Date Aug 2 1906 Lake City S C

Place of Burial Johnsonville S C

Date Aug 2 1906

Undertaker Dunn & Haughton

Address 1622 Penn Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92377

Registered No. B .....

City of Baltimore, (No. 716 N. Bond St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laban White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Aug — 1852 (Month) (Day) (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C

FULL NAME OF FATHER: Laban White

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. White

(Address) 716 N. Bond

Filed 8/2 1906

MARRY U. ANDREWS
REGISTRAR OF WILLS

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 27-7- 1906 to 31-7- 1906

that I last saw h[illegible] alive on 31-7- 1906,

and that death occurred, on the date stated above, at 1.50 M. The CAUSE OF DEATH was as follows:

1 Dilated Cardiac

over a week (DURATION) ..... DAYS

Contributory Septicemia, exhaus-

tion (DURATION) 1 DAYS

(Signed) E. Mc. Boyle M. D.

7/8/ 1906 (Address) 141 S. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Aug 3rd 1906

UNDERTAKER: Chas E Bailey

ADDRESS: 1711 Eastern Ave

Said

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92378

City of Baltimore, (No. 120 N. Hughes St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Celia Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Calvert Co. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Snowden Webb.

(Address) 120 W. Hughes

Filed 8/2 1906 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to July 31 1906 that I last saw h— alive on July 30 1906 and that death occurred, on the date stated above, at 3.30 a. M. The CAUSE OF DEATH was as follows:

Nephritis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. Edward Smith M. D.

7/31 1906 (Address) 578 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? Calvert Co. Md

PLACE OF BURIAL OR REMOVAL: Dukes Wharf | DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Jno. H. Toadvine | ADDRESS: 206 W. Hill

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92379

Registered No. B

City of Baltimore, (No. 1736 Thomas Ave St.; Ward) Beauchamp

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Emma M Beauchamp

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb. (Month) 13 (Day) 1885 (Year)
AGE	21 years, 5 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	George R. Beauchamp
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Josephine B. Patterson
BIRTHPLACE OF MOTHER (State or country)	New Jersey
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George R. Beauchamp

(Address) 1735 Thomas Ave

Filed Aug 2 1906 MARY E. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to July 30 1906

that I last saw h alive on July 30 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

7 months (DURATION) — DAYS

Contributory

(DURATION) DAYS

(Signed) Thomas Cullen M. D.

July 31 1906 (Address) 914 Calvert

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK.	AUG 2 1906
UNDERTAKER	ADDRESS
Armstrong Denny Co.	715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

Lab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92380

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Shiebler

{ Residence, if in Baltimore, Give Street and Number. } 1029 N. Washington

Duration of Residence in Baltimore. Life 92380

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb 9th 1866

AGE 40 years, 5 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jacob Shiebler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Shiebler

(Address) 1029 N. Washington St.

Filed 8/2 1906 HARRY O'HANLON, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at 8.05

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Strychnine Poisoning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fredk Carrollton M.D.

Address Coroner

Date Aug 1 06 190 ....

Place of Burial Balto Cem

Date 8/3/06 190 ....

Undertaker J Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92381

Registered No. B .....

City of Baltimore, (No. 1507, Millinan St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Reitmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: Dec (Month) 15 (Day) 1826 (Year)

AGE: 80 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Reitmeyer

(Address) 1507 Millinan

Filed Jy 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to Aug 1 1906 that I last saw h[er] alive on July 29 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ..... DAYS

Contributory Asthma

(DURATION) 7 DAYS

(Signed) J. J. Sear M. D.

8/1 1906 (Address) 608 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Com.

DATE OF BURIAL: Aug 3 1906

UNDERTAKER: John Koenig & Son

ADDRESS: 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92382

Registered No. B.....

City of Baltimore, (No. 2230 Christian St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lutze Gunzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. (Month) 1st (Day) 1905 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Ernst Gunzer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Hedwig Gunzer

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Gunzer

(Address) 2230 Christian St

Filed Sept 1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lieb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to July 31st 1906 that I last saw h.. alive on July 31st 1906, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Acute Gastro Enteric Infection

(DURATION) 7 DAYS

Contributory Convulsions

(DURATION) 8 hours DAYS

(Signed) Howard. Kahn M. D.

9/1 1906 (Address) 2027 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Aug 2" 1906

UNDERTAKER: K S Fink

ADDRESS: 2118 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elenora Deegan

{Residence, if in Baltimore, Give Street and Number.} 26 S Poppleton H 92383

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 19th 1901

AGE 5 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm P Deegan

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Cathrine Deegan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine Deegan

(Address) 26 S Poppleton St

Filed Aug 2 1906. HARRY O'T ANDREWS PERMIT CLERK Registrar

Lack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to July 31 1906

that I last saw h[illegible] alive on July 31 1906

and that death occurred, on the date stated above, at 7 0 M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Donovan M.D.

Address 26 S Poppleton St

Date Aug. 2. 1906

Place of Burial New Cathedral

Date Aug 2nd 1906

Undertaker John Howard

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

92384

Registered No. B.....

City of Baltimore, (No. 1723 E. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Pausch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 2 (Month) 18 (Day) 1848 (Year)

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christian Spamer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schroeder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Pausch

(Address) 1723 E. Lanvale St.

Filed 8 2 1906

HARRY O. ANDREWS, PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19th 1906 to July 31st 1906 that I last saw her alive on July 31st 1906, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Enteritis following Acute Gastritis — Infection of bowel —

(DURATION) 42 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. T. Bell M. D.

July 31st 1906 (Address) 1321 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	8-2 1906

UNDERTAKER	ADDRESS
John A. Daiger	223 S. Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92385

City of Baltimore, (No. 819 W. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. A. Lechnartzmann.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 10 1872
(Month) (Day) (Year)

AGE 33 years, 7 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo Lechtzmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Gottwald

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Nona

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Lechtzmann

(Address) 819 W Lombard

Filed Aug 2 1906 HARRY O'ANDREW PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1904 to July 31 1906 that I last saw her alive on July 31 1906, and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

1 Tuberculosis of Lungs

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Geo T Jenning M. D.

Aug 1 1906 (Address) 1735 Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: August 3rd 1906

UNDERTAKER: Matthew Cadogan — ADDRESS: 696 W Fulberry St

Lair

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Light St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Boyd

{Residence, if in Baltimore, Give Street and Number.} 706 Light St 92386

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 16 1856

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm W. Johnson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER M. C. Adams

BIRTHPLACE OF MOTHER (State or country) Dorchester Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Ferguson

(Address) 150 or Henry St.

Filed Feb 2 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 29 1906 to July 30th 1906

that I last saw h— alive on July 30 1906,

and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

6 months (DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) Wm Lamm M.D.

Address 635 Light St

Date July 30th 1906

Place of Burial Mt Olivet

Date Aug 2. 1906

Undertaker R J Turner

Address Broadway & Oliver St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92387

Registered No. B.....

City of Baltimore, (No 2602, Hampden Ave St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. O'Brien

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: January (Month) 30 (Day) 1906 (Year)	
AGE: — years, 7 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Thos E O'Brien
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Lillie Warner
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos E O'Brien

(Address) 2602 Hampden ave

Filed Jy 1 1906 HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Said

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: August (Month) 1st (Day) 1906 (Year)	

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 1st 1906 that I last saw him alive on Aug 1st 1906, and that death occurred, on the date stated above, at 4.15 P. M. The CAUSE OF DEATH was as follows:

Chronic gastro-intestinal indigestion

(DURATION) 21 DAYS

Contributory Exhaustion with (gastro intestinal) infantile symptoms (DURATION) 6 DAYS

(Signed) Harrison G. Cooper M. D.

1906 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Aug 3rd 1906
UNDERTAKER	ADDRESS
J F Philbin	1711 Mad ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92388

Registered No. B

City of Baltimore, (No. 403, Perry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilian Shamrohuse

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: sinsl

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Nelson Shamohuse

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hattie Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Shamohuse

(Address) 408 Perry

Filed Aug 2 1906

HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to July 30 1906 that I last saw h[illegible] alive on July 24 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 30 DAYS

Contributory Marasmus

(DURATION) ..... DAYS

(Signed) Jno R Brown M. D.

Aug 1 1906 (Address) 115 W Baue St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemtry — DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Geo S H Hooper — ADDRESS: 602 Litt Paca

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92389

Registered No. B .....

City of Baltimore, (No. 102, N Carlton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... Year)

AGE: ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: William Lee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Grant

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lee

(Address) 102 Carlton st

Filed Aug 2 1906

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 1 1906

that I last saw h~~im~~ alive on July 31 1906,

and that death occurred, on the date stated above, at 9 40 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Improper food

(DURATION) ? DAYS

(Signed) T Kennedy Williams M. D.

Aug 1 1906 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 2 1906

UNDERTAKER: Geo H Harper

ADDRESS: 409 Little

WM. J. C. DULANY CO., BALTIMORE.

Laid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Davis St. near Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie McCreary

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore. Not Known

D. 92390

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Not Known 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 498 N. Eutaw St Coroner

Date Aug. 2 1906.

Place of Burial Laurel Cemetery

Date Aug 2nd 1906

Undertaker John A. Brooks

Address 1107 Division Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2123 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Kratz

{Residence, if in Baltimore, Give Street and Number.} 2123 Eastern Ave.

Duration of Residence in Baltimore. Life

B. 12391

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5th 1903

AGE: 3 years, 0 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Charles Kratz

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Annie L. Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Charles Kratz

(Address) 2123 Eastern Ave

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 31 1906 that I last saw h[illegible] alive on July 30 1906, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) 18 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) C. V. Athey M.D. & W. J. McAvoy M.D. (acting)

Address 839 S. Caunton St.

Date July 31 1906

Place of Burial Mt. Carmel Cem.

Date Aug 2 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Eutaw & Saratoga Sts. and 1708-1710 Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1049 N. Carrollie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua Regester

{Residence, if in Baltimore, Give Street and Number.} 1049 N. Carrollie St 92392

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Sept 20th 1816	
AGE: 89 years, 10 months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Queen Anns Co Md	
FULL NAME OF FATHER: Wilson Regester	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Dont Know	
BIRTHPLACE OF MOTHER (State or country): Dont Know	
OCCUPATION OF DECEASED: Retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel H. Regester

(Address) Govanstown Md

Filed 2 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to July 31 1906 that I last saw h[illegible] alive on July 31 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility
Brights disease

Contributory (Primary.) Elysanstone (DURATION) DAYS

(DURATION) DAYS

(Signed) Geo J Gamm M.D.

Address 1735 N Broadway

Date July 31 1906

Place of Burial Greenmount Cemetery

Date Aug. 3 1906

Undertaker Henry W. Mears and Sons

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 131 W. Hamburg. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Warner 6.

{Residence, if in Baltimore, Give Street and Number.} 131 W. Hamburg St

Duration of Residence in Baltimore. Life. 92393

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colored.

DATE OF BIRTH: June 20 1906.

AGE: — years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Wm. Warner 6.

BIRTHPLACE OF FATHER (State or country): Balto md.

MAIDEN NAME OF MOTHER: Emma Harris 6.

BIRTHPLACE OF MOTHER (State or country): a. a. Co md.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Warner 6. (mother)

(Address) 131 W. Hamburg St

Filed 12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laid

213

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ~~alive on~~ ..... 190 .....,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date August 1 1906

Place of Burial COLLEGE OF P. & S. AUG 1 - 1906

Date ..... 190 .....

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES. City to bury. Ord

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 N. Eutaw St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Baugher (Father)

{ Residence, if in Baltimore, Give Street and Number. } 1002 N. Eutaw

92394

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: — years, — months, 1 Hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 3 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from A. S. Brown 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth, 8 mos (Twins)

Ds,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Johnston M.D.

Address 211 N. Eutaw Brown

Date 8/1 1906

Place of Burial COLLEGE OF P. & S.

Date AUG 1 - 1906 190

Undertaker [illegible]'s Wk

Address Able to burn J. D. Johnston Brown

FOR ANATOMICAL [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21 3

Ward 10 Registered No. B 1545

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph. Baynor (Father)

{Residence, if in Baltimore, Give Street and Number.} 1002 N. Vincent 92395

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, — months, 1 Hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/2 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Luth

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1906

I HEREBY CERTIFY, That I attended deceased from Asbourn 190 to 190,

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth, Twins, & mas -

No 2

(DURATION) DAYS

Contributory (Primary.)

(DURATION) -DAYS

(Signed) J. D. Schubert M.D.

Address 711 N. Gaurain

Date 8/1 1906

Place of Burial COLLEGE OF P. & S.

Date AUG 1 - 1906 190

Undertaker Thos. Gaetano & Son

Address [illegible] J. D. Schubert

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

2/14

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 571 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Shuguard

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. 8 yrs

92396

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	—
	1
AGE	47 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Smith

(Address) 571 Union St

Filed Aug 2 1906

HARRY O. [illegible] Registrar
PERMIT CLERK.

Lair

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1906

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy, Sudden

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) J. N. Lightner M.D.

Address 211 W. Lanvale

Date Aug 2nd 1906

Place of Burial Mt Auburn

Date August 2 1906

Undertaker R. F. Elliott

Address 506 Myers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 7201

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Hanbert St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Florena Burke.

{Residence, if in Baltimore, Give Street and Number.} 1127 Hanbert St

Duration of Residence in Baltimore. Since birth B. 92397

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 13 1906

AGE ..... years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Richard Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Burke

(Address) 1127 Hanbert St

Filed Aug 2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July August 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to July 1st 1906

that I last saw h e alive on July 31st 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cronic Meningitis

3 weeks (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1905 S. Charles St

Date July 3rd 1906

Place of Burial .....

Date 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Hubbard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Burke

{ Residence, if in Baltimore, Give Street and Number. } 1127 Hubbard St

Duration of Residence in Baltimore. Since Birth

D. of H. 97

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 13th 1906

AGE: ..... years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Richard Burke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rozie Keeley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Burke

(Address) 1127 Hubbard St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 1st 1906

I HEREBY CERTIFY, That I attended deceased from

..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

I. Natural Causes

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. E. Cohen M.D.

Address 1412 Light St

Date Aug. 2 190 6

Place of Burial .....

Date ..... 190 —

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B [illegible] 42

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 S. Madaira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Vogel

{ Residence, if in Baltimore, Give Street and Number. } 403 S. Madaira st 92398

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 31st 1851

AGE 55 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Vogel

(Address) 403 S Madaira st

Filed Aug 2 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1906

I HEREBY CERTIFY, That I attended deceased from May 21 1906 to Aug 1st 1906.

that I last saw her alive on July 31 1906.;

and that death occurred, on the date stated above, at 10 07 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

abot 6-8 (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date August 1st 1906

Place of Burial Greenmount Cemetery

Date August 2nd 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92399

City of Baltimore, (No. 1414 Brooks Court St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma M Mills

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 24 (Day) 1906 (Year)

AGE: — years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Chas R Mills

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sadie M Collons

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas R Mills

(Address) 1414 Brooks Court

Filed Aug 7 1906 HARRY O. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to Aug 2 1906

that I last saw her alive on Aug 2 1906,

and that death occurred, on the date stated above, at 11:30 A. M. The CAUSE OF DEATH was as follows:

Injuries received in fire

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J H McCurn M. D.

Aug 7 1906 (Address) 1303 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 8 1906

UNDERTAKER: Warnick & Sapp

ADDRESS: 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

Faith

deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92400

Registered No. B.....

City of Baltimore, (No. 2321 Madison Av St.; ad Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia S Lawson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 4th (Day) 1827 (Year)

AGE: 78 years, 4 months, 28 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jacob Landerman

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Eleanore E Harrison

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E Kurtz

(Address) 2321 Madison Ave

Filed 12 1906

HARRY C. ANDREWS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1903 to Aug 1st 1906

that I last saw her alive on July 31st 1906,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Cancer Uteri

2 yrs (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Elijah L Russell M. D.

Aug 2 1906 (Address) 423 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Aug 3 1906

UNDERTAKER: John E Haught Co

ADDRESS: 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 152

CERTIFICATE OF DEATH.

(Place of Death.) No. 535 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdalena Dzubal

{ Residence, if in Baltimore, Give Street and Number. } # 535 S. Chapel St. 92401

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 90 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Home Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walburga Rotunik.

(Address) 535 S. Chapel St

Filed 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st, 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 1 1906

that I last saw h.. alive on July 31 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 21 DAYS

Contributory (Primary.) Age

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #709 Aliceanna St

Date August 2 1906

Place of Burial St Stanislaus

Date Friday Aug 3 1906

Undertaker M F Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

63

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria L. McCullah

{Residence, if in Baltimore, Give Street and Number.} 1100 Madison Ave.

Duration of Residence in Baltimore. Life B. 92402

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	1
AGE 76 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Hunter Boyd Jr.

Address 505 N. Calvert Bldg

Filed 8/2 1906 HARRY O'T ANDREWS, PERMIT CLERK Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 2nd 1906 that I last saw her alive on Aug 2nd 1906, and that death occurred, on the date stated above, at 2. P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Paralysis

(DURATION) DAYS

Contributory (Primary.) Spinal Paralysis (Paraplegia)

(DURATION) DAYS

(Signed) Wm. F. Dorsey M.D.

Address City Hospital

Date Aug 2 1906

Place of Burial Cumberland Md

Date Aug 4th 1906

Undertaker Henry W. Jenkins Sons Co

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Rotaw

{ Residence, if in Baltimore, Give Street and Number. } 746 George st

D. 92403

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 9 1837

AGE 68 years, 11 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Leon Maffien

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Ballenger

BIRTHPLACE OF MOTHER (State or country) Penn

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore C. Rotaw

(Address) 746 George St

Filed Aug 3 1906 Registrar

Recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1906

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to July 31 1906 that I last saw her alive on July 31 1906, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the liver

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) M B Burch M.D.

Address 828 N. Carrollen Ave

Date Aug 2d 11 1906

Place of Burial Mt O Liver

Date Aug 3 1906

Undertaker Geo W Little

Address 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 Registered No. B 92404

CERTIFICATE OF DEATH.

(Place of Death.) No. 427 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Osborne

{Residence, if in Baltimore, Give Street and Number.} 427 N. Fremont Ave

Duration of Residence in Baltimore. Life B 92404

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 31 1888

AGE: 18 years, 6 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John G. Osborne

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lida Patterson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer F. Archer

(Address) 1359 N. North Ave.

Filed Aug 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to July 31 1906 that I last saw h.. alive on July 30 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

(DURATION) Two months DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. L. Saunders M.D.

Address 1300 W. Lanvale St.

Date July 31 1906

Place of Burial London Park

Date August 3 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92405

Registered No. B ~~92405~~

City of Baltimore, (No. 1022, Clifton Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry. Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. (Month) 11 (Day) 1852 (Year)

AGE: 54 years, 11 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: G. Watkins

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: ~~Mc~~ Emma. Wills

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Florist -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Watkins

(Address) 1022 Clifton Place

Filed Aug 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29th 1906 to aug 1st 1906

that I last saw him alive on aug 1st 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) DAYS

Contributory Uraemic Coma

Exhaustion (DURATION) 3 DAYS

(Signed) John Wade M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Aug 4 1906

UNDERTAKER: McGinnis - Correll

ADDRESS: 218 Cissyville Ave 122 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92406

Registered No. B

City of Baltimore, (No. 1923 E. Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adelaid Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 12 (Day) 1906 (Year)

AGE: 6 months 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm J Jones

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Adelaide Rock

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Jones

(Address) 1923 E. Chase St.

Filed Aug 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29th 1906 to August 1 1906

that I last saw her alive on August 1 1906,

and that death occurred, on the date stated above, at 2 30 P.M. The CAUSE OF DEATH was as follows:

Marasmus baby has been ill some length of time visited by other Phys. Cause by attendance (DURATION) 3 DAYS

Contributory Rentetum (DURATION) DAYS

(Signed) Chas. J. Timmis M. D.

1906 (Address) 1020 N. Wolfe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Aug 3 1906

UNDERTAKER: Mc Ginnis - Carroll

ADDRESS: 218 Aisquith St 1227 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 Short Alley. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elsie Colston.

{Residence, if in Baltimore, Give Street and Number.} 1221 Short Court.

Duration of Residence in Baltimore.....

B. 92407

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B.

DATE OF BIRTH Feb. 5 1906.

AGE ....years, 6 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER James Colston.

BIRTHPLACE OF FATHER (State or country) West Indies Islands.

MAIDEN NAME OF MOTHER Jessie Williams

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Williams

(Address) 122 Short Ct

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906.

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 1 1906

that I last saw h[illegible] alive on Aug 1 1906,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Eklauston

(DURATION) 2 DAYS

Contributory (Primary) Cholera Infantum (DURATION) 5 DAYS

(Signed) Ernest N. Gaither M.D.

Address 1011 Eastern Ave

Date Aug 2- 1906.

Place of Burial Sand Hill Cemetery

Date Aug 3 1906

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92408 Registered No. B 92408

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 S Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas Pearce

{Residence, if in Baltimore, Give Street and Number.} 16 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1829

AGE: 77 years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Pearce

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Lydia Lafrington

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Eliza Pearce for HEP

(Address) 16 S Bond St

Filed

Aug 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 1st 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to August 1 1906

that I last saw h.. alive on Aug. 1st 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) R. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date August 2nd 1906.

Place of Burial Greenmount

Date AUG 3 - 1906 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 Roberts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hamilton Boyd Wylie,

{Residence, if in Baltimore, Give Street and Number.} 303 Roberts St., 92409

Duration of Residence in Baltimore. 51 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: May 5 1855	
AGE: 51 years, 2 months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Maryland.	
FULL NAME OF FATHER: Samuel Wylie	
BIRTHPLACE OF FATHER (State or country): Maryland.	
MAIDEN NAME OF MOTHER: Jane Kinnear.	
BIRTHPLACE OF MOTHER (State or country): Virginia.	
OCCUPATION OF DECEASED: Physician.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Boyd Wylie Jr

(Address) 303 Roberts st.

Filed Aug 13 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

Cash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Aug. 1 1906

that I last saw h— alive on Aug. 1 1906

and that death occurred, on the date stated above, at 2.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. P. Wetherill M.D.

Address 814 N. Eutaw

Date Aug. 2 1906

Place of Burial Loudon Park Cemetery

Date August 4th 1906

Undertaker Stewart Mowen

Address 215 Park ave.

WM. J. C. DULANY CO., BALTIMORE.

Dr Wm Osler & Hamilton Wylie

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 954 Asquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria A. Winters

{Residence, if in Baltimore, Give Street and Number.} 954. Asquith St.

Duration of Residence in Baltimore. Since Birth 92410

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH Aug. 22. 1905

AGE ..... years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Anthony A. Winters

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Maria A. Coakley.

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md.

OCCUPATION OF DECEASED Baby.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 954 Asquith St

Filed Aug 6 1906 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2. 1906

I HEREBY CERTIFY, That I attended deceased from July 8th 1906 to Aug. 2 1906

that I last saw her alive on Aug. 2. 1906,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Enteritis,

(DURATION) 25 DAYS

Contributory (Primary.) teething

(DURATION) ..... DAYS

(Signed) Jno. T. Mc and M.D.

Address 1012 Edmondson Ave

Date August 2 1906

Place of Burial Ld. Alphonsus Cemetery

Date Aug 4 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. 92411

CERTIFICATE OF DEATH.

(Place of Death.) No. Frederick Rd near Mt Olivet Cemetery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter K. McElroy

{Residence, if in Baltimore, Give Street and Number.} 319. N. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28 1852

AGE 54 years, — months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John M Elroy

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER W H Brown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Plummer

(Address) Gay & Lexington Sts

Filed 8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Clark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~August~~ July 1st 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to July 1 1906

that I last saw h alive on June 30 1906,

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Skull fracture & shock

Internal Injuries Whilst returning from London Park in buggy Horse became frightened by automobile Ran away

(DURATION) 1 DAYS

Contributory (Primary) Injuries received

Sudden Pole Accidental

(DURATION)

(Signed) C. Irvine Jones M.D.

Address Coroners Office

Date July 2nd 1906

Place of Burial Baltimore

Date Aug 3 1906

Undertaker Jas B. Cook

Address 403 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 109. S Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H W Garrett

{ Residence, if in Baltimore, Give Street and Number. } 109. Stockton St

Duration of Residence in Baltimore. Life

92412

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH July 27th 1884

AGE 22 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Annie Johnson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Brooks

(Address) Calhoun & Hollins sts

Filed Aug 3 1906

BARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...;

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) ... DAYS

Contributory (Primary.) Epilepsy

(DURATION) ... DAYS

(Signed) Thomas Jones M.D.

Address Coroner

Date Aug 3 1906

Place of Burial Mt Albion Cem

Date 8-3rd 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 S Bethel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Brauenknecht

{ Residence, if in Baltimore, Give Street and Number. } 520 S Bethel St

92413

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 82 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER J. Brauenknecht

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph M Brauenknecht

(Address) 520 S Bethle St

Filed Aug 6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 1 1906

that I last saw h[illegible] alive on Aug 1 1906,

and that death occurred, on the date stated above, at 6 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) G. L. Blades M.D.

Address 121 Jackson St

Date Aug 2 1906

Place of Burial Sweet Home Cem

Date Aug 4 1906

Undertaker Kendall Dipple & S

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Chas C. Swope

{ Residence, if in Baltimore, Give Street and Number. } 992 S. Charles

Duration of Residence in Baltimore. 24 Years

92414

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 30 1844

AGE 61 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John C. Swope

BIRTHPLACE OF FATHER (State or country) Bavaria

MAIDEN NAME OF MOTHER Elizabeth Kneiriem

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Howard. Swope

Address Govanstown Md.

Filed 8/3 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to 1906

that I last saw h alive on 190 ;

and that death occurred, on the date stated above, at 1235 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull, and general injuries of whole body. Shock & Hemorrhage (DURATION) — DAYS

Contributory (Primary) (From Accident in Court House. Fracture of Skull) (DURATION) DAYS

(Signed) J. D. Goldsborough M.D.

Address 211 W. Lanvale

Date Aug 2 1906

Place of Burial Balto Cemetery

Date Aug 3 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 N Patterson Pk. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Laaske.

{ Residence, if in Baltimore, Give Street and Number. } 842 N Pat St Ave.

Duration of Residence in Baltimore. Life

92415

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 26th 1862

AGE: 44 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Schroeder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Laske

(Address) 842 N. Patterson Pk Ave

Filed 8 3 1906

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1- 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Aug 1- 1906

that I last saw h[illegible] alive on Aug 1 1906,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteric Fever.

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) G. L. Blades M.D.

Address 121 Jackson Place.

Date Aug 2nd 1906

Place of Burial St Mathews Cem

Date 8/4/06 190

Undertaker J Hennig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 242 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Wm. Hirgen (Hirgen)

{Residence, if in Baltimore, Give Street and Number.} 242 N. Rose St

92416

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: W. white

DATE OF BIRTH: Jan 2 1833

AGE: 71 years, 8 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Hirgen

(Address) 242 N. Rose St

Filed 8/3 1906

HARRY O'NEILL, PERMIT CLERK

Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Aug 3 1906 that I last saw him alive on 11 11 1906, and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) — DAYS

Contributory (Primary.) old age

(DURATION) — DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Aug 3 1906

Place of Burial Trinity Cem.

Date 8/4/06 1906

Undertaker J. Herwig & Son

Address 2008 Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92417

Registered No. B .....

City of Baltimore, (No. 1309 N. Fremont St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Percy Alonzo Haytch

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: July (Month) 8d (Day) 1906 (Year)	
AGE: ..... years, ... months, 8 d days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Alfred Haytch
BIRTHPLACE OF FATHER (State or country)	Kent Co Md
MAIDEN NAME OF MOTHER	Annie Randall
BIRTHPLACE OF MOTHER (State or country)	Anne Arundel Co
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Haytch

(Address) 1309 Fremont St.

Filed Aug 3 1906

HARRY O. ANDREWS
PUBLIC CLERK
Registrar

Laid

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Aug. 3d (Month) (Day) 1906 (Year)	
I HEREBY CERTIFY, That I attended deceased from 1 day 190 to 190	
that I last saw h.. alive on Aug 2d 1906,	
and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:	
Pneumonia	
(DURATION) 10 DAYS	
Contributory	
(DURATION) ..... DAYS	
(Signed) J J Mullen Jr M. D.	
Aug 3 1906 (Address) 594 Pulaski	

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Albion	Aug 3 1906
UNDERTAKER	ADDRESS
Wm J Johnson	1600 Calhoun

24

Ward ..... Registered No. B 92418

CERTIFICATE OF DEATH.

(Place of Death.) No. Nco Nurses Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Kunnel

{ Residence, if in Baltimore, Give Street and Number. } 245 S Ann St 92418

Duration of Residence in Baltimore. 25 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH January 23 1855

AGE 51 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Hostler

* THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kunnel

(Address) 249 S. Ann St

Filed 8/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Shock, Laudy due to fracture of femur

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Aug 3 1906

Place of Burial St Pauls Cemetery

Date August 5th 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leona Miller

92419

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf. Asylum

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May 20, 1906

AGE: ..... years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Cumberland

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Aug 3 1906

HARRY O'T ANDREWS, PERMIT CLERK, Registrar

Laid ✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 3d 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 2 1906 that I last saw h.. alive on Aug 2 1906 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline St.

Date Aug. 3d 1906

Place of Burial New Cathedral

Date Aug 3d 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw. Thomas

92420

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: July 20 1906.

AGE: ... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) St. V. I. Asy

Filed 8 3 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to Aug 2 1906

that I last saw h[illegible] alive on Aug 1 1906

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) [illegible] M.D.

Address 1232 N Carrollton

Date Aug 2 1906

Place of Burial New Cathedral

Date Aug 3rd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claude Wolfe

92421

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	May 12 1906
AGE	..... years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	S
BIRTHPLACE OF FATHER (State or country)	S
MAIDEN NAME OF MOTHER	S
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed Aug 3 1906

HARRY O'T ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2, 1906

I HEREBY CERTIFY, That I attended deceased from May 24 1906 to Aug 2 1906

that I last saw h[illegible] alive on Aug 1 1906

and that death occurred, on the date stated above, at 12 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Caroline St

Date 8-2 1906

Place of Burial New Cathedral

Date Aug 3rd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Wilbur

{ Residence, if in Baltimore, Give Street and Number. } U. Vinct. Inf. Asy. 92422

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	July 18 1906
AGE	years, months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/3 1906

BARRY O'ANDREWS, PERMIT CLERK.

Registrar

Laib

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 1 1906

that I last saw him alive on Aug 1 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 8-2-1906

Place of Burial New Cathedral

Date Aug 3rd 1906

Undertaker Martin Fahey & Sons

Address 660 Lafayette Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Vincent Redmond

92423

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents' Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.	COLOR: W
DATE OF BIRTH: July 20 1906	
AGE: ..... years, ... months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed Aug 3 1906

HARRY O'ANDREWS PERMIT CLERK.

Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1, 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug 1 1906 that I last saw h[illegible] alive on Aug 1 1906 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Lues

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) — DAYS

(Signed) E. H. Hayward, M.D.

Address 1220 N Carrollton

Date 8-2 1906

Place of Burial New Cathedral Aug 3rd

Date 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Joseph Wood, 92424

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W.
DATE OF BIRTH: July 1, 1908	
AGE: years, 1 month, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8 3 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 2, 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug 2 1906

that I last saw h.. alive on Aug 2 1906

and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 8 — 2 1906

Place of Burial New Cathedral

Date Aug 3rd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92425

City of Baltimore, (No. 316 Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Crawford

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: ed

DATE OF BIRTH: 1882 (Month) 1 (Day) (Year)

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Westminster, Md.

FULL NAME OF FATHER: Frank Crawford

BIRTHPLACE OF FATHER (State or country): Westminster

MAIDEN NAME OF MOTHER: Sallie Summers

BIRTHPLACE OF MOTHER (State or country): Westminster

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Wright

(Address) 316 Rose St.

Filed Sep 3 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 2, 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Aug. 2d 1906.

that I last saw h in alive on Aug 2d 1906,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 Mos

Contributory

(DURATION) DAYS

(Signed) A. Lee Elder M. D.

Aug. 2 1906 (Address) 922 Mad. ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 4 1906

UNDERTAKER: Felix B. Pyz

ADDRESS: 102 E. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92426

Registered No. B .....

City of Baltimore, (No. 2639 Loudon Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give Its NAME instead of street and number.]

FULL NAME William C. Mahlstedt.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: July (Month) 27 (Day) 1905 (Year)

AGE: 1 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John. Mahlstedt.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Augusta Scharf.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mahlstedt.

(Address) 2639 Loudon Av.

Filed Aug 3 1906

BARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 2 1906 that I last saw him alive on Aug 2 1906, and that death occurred, on the date stated above, at 7.45 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 Days

Contributory Cholera Infantum

(DURATION) 14 DAYS

(Signed) Wm. O'Neill M. D.

Aug 3 1906 (Address) 1315 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem:

DATE OF BURIAL: Aug: 3 1906

UNDERTAKER: C. W. Dill

ADDRESS: 810 Fredk: ave;

Faith

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Hall

{ Residence, if in Baltimore, Give Street and Number. } 1333 Woodyear St

Duration of Residence in Baltimore. Life. 92427

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 19 1906

AGE: ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Hall

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Hall

(Address) 1333 Woodyear

Died Aug 3 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Sick

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to aug 2 1906

that I last saw him alive on aug 2 1906.

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 14 DAYS

Contributory (Primary) Intestinal (DURATION) DAYS

(Signed) T. E Daugherty M.D.

Address 2506 Pennsa

Date Balto aug 2 1906

Place of Burial Mount Auburn

Date August 3 1906

Undertaker John H Timmons Son

Address 1222 Denmon st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registrar No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Tordell

{ Residence, if in Baltimore, Give Street and Number. } 201 N. Gay st. 92428

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 1 1906 HARRY G. ANDREWS, PERMIT CLERK Registrar

Lab.

Morgue.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Benj. S. Hamilton M.D.

Address 408 N. Eutaw St.

Date Aug 2 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 2 - 1906 190 .....

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

201

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 1 Registered No. 119

CERTIFICATE OF DEATH.

(Place of Death.) No. Francis Sq. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Lepin

{Residence, if in Baltimore, Give Street and Number.} none

92429

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 2

(Address)

Filed 19 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK,

Lash Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1906

I HEREBY CERTIFY, That I attended deceased from as a coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

acute Bronchitis
Division of
Starvation
Brain Coma

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Jones M.D.
Coroner

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL AUG 3 - 1906

Date 190

Undertaker Commissioner of Health, Department

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96

119

20

Ward 2 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 McCelsey St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred E. Barley

{ Residence, if in Baltimore, Give Street and Number. } 1132 McCelsey St

92430

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 7 years, 6 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 3rd 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 2.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredk Camalier M.D.

Address Coroners Office

Date Aug 2—06 190

Place of Burial JOHNS HOPKINS HOSPITAL

AUG 3 - 1906

Date ... 190 ...

Undertaker Commissioner Health Department

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 W Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith W. Anders

{ Residence, if in Baltimore, Give Street and Number. } 1703 W Bond St.

92431

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1st 1906

AGE: ..... years, 1 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: Frank W. Anders

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Blanch Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank W. Anders

(Address) 1703 W Bond St

Filed B 1906

HARRY C. ANDRES, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 3 1906 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 2 1906

that I last saw h[illegible] alive on Aug 2 1906, and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

3 weeks (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Alex. F. Voukelmer, M.D.

Address 1635 W. Fayette St.

Date Aug 3 1906

Place of Burial Baltimore Cem.

Date AUG 4 1906 190

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 Shields Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Chandler

{ Residence, if in Baltimore, Give Street and Number. } 1527 Shields Ct

92432

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH March 25 1902

AGE — years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Chandler

BIRTHPLACE OF FATHER (State or country) St Marys Co. Md

MAIDEN NAME OF MOTHER Minnie Harris

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Chandler

(Address) 1527 Shields Ct

Filed

8 1906

Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2. 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to — 190..

that I last saw her alive on Aug 1st 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanitis Convulsion

(DURATION) 3 DAYS

Contributory (Primary.)

Pneumonia (DURATION) one DAYS

(Signed) Wm J. Kyseur M.D.

Address North Western Free Disp

Date Aug 3. 1906

Place of Burial Ed Cathedral Cemetery

Date Aug 3 1906

Undertaker Felix B. Pyle

Address 102 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2206 Division St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Wilson

{ Residence, if in Baltimore, Give Street and Number. } 2206 Division St.

92433

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Wilson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Brown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Wilson

(Address) 2206 Division st

Filed Aug 3rd 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Zach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 2 1906 that I last saw her alive on Aug 2 1906, and that death occurred, on the date stated above, at 10.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Diphtheria

(DURATION) 5 DAYS

(Signed) Geo W Kemmler M.D.

Address 1114 Hoyt Ave

Date Aug 3 1906

Place of Burial Mt. Zion Cem

Date Aug 3 1906

Undertaker Wm J. Johnson

Address 1400 N. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B .....

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Przwara

{ Residence, if in Baltimore, Give Street and Number. } 721 S Bethel 92434

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Michael Przwara.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Annie Goltka.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Przwara.

(Address) 721 S. Bethel St

Filed Sep 3 1906

BARRY C. ANDREWS PERMIT CLERK.

Registrar

Zack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 2 1906 that I last saw h.. alive on Aug 2 1906, and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J Wolanczewski M.D.

Address 661 Reservoir

Date Aug 3 " 1906

Place of Burial Holy Rosary.

Date August 4 " 1906

Undertaker M. F. Sadowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 3030 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Stocki

{ Residence, if in Baltimore, Give Street and Number. } 3030 Boston St

92435

Duration of Residence in Baltimore. dift

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 18 - 1906

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Stocki.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Johanna Dcurtard

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stocki.

(Address) 3030 Boston St

Filed 8/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Taik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 2nd 1906

I HEREBY CERTIFY, That I attended deceased from on July 15 1906 to ..... 190..

that I last saw him alive on July 15 1906,

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 4 wks DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) W. J. McAvoy M.D.

Address 83 S. Caton Av

Date Aug 3rd 1906

Place of Burial Holy Rosary.

Date August 4 " 1906

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1th Royal & Park Aves St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lycurgus Winchester

{ Residence, if in Baltimore, Give Street and Number. } 1314 Linden Ave.

Duration of Residence in Baltimore. Life B. 92 436

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 5th 1874

AGE: 32 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Marshall Winchester

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anne Gordon Price

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Stock Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marshall Winchester

(Address) Riders Balt Co

Filed Aug 4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2d 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1230 a. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain & Injuries, shock by St car, while driving, sudden death

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elliott Coroner M.D.

Address 211 N. Laurens St

Date Aug 3d 1906

Place of Burial St Johns Waverly

Date August 4th 1906

Undertaker H. W. Jenkins Sons Co

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 853 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael T. Backett

{Residence, if in Baltimore, Give Street and Number.} 853 Lemmon St

Duration of Residence in Baltimore. Life

D. 92137

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: march 1862

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Fisher

(Address) 253 Lemmon St

Filed Aug 4th 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 3 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to aug 3 1906

that I last saw h[illegible] alive on aug 3 1906

and that death occurred, on the date stated above, at 7-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

acute Dysentery

(DURATION) 10 DAYS

Con'tributory (Primary.) Heart failure (DURATION) 1 DAYS

(Signed) T. E. Daughaday M.D.

Address 2506 Penna Av

Date Balto aug 3 1906

Place of Burial Mt Auburn Cemetery

Date August 5 1906

Undertaker George H Hooper

Address 609 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B..... 124

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Guilford ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Saunders McCullough

{Residence, if in Baltimore, Give Street and Number.} 1815 Guilford ave

Duration of Residence in Baltimore. Life time

B. 92438

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 13th 1864

AGE: 41 years, 8 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John G McCullough

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E. Wood

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. McCullough

(Address)

Filed Aug 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 12th 1906 to Aug 3rd 1906 that I last saw him alive on Aug 3rd 1906 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia and Pericarditis

(DURATION) 22 DAYS

Contributory (Primary) Cystic Disease of Kidneys (DURATION) many years DAYS

(Signed) Nathan R. Gorter M.D.

Address 1 W. Biddle St

Date Aug. 3rd 1906

Place of Burial Greenmount Cy

Date Aug 5th 1906

Undertaker Stewart Brown

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Abaut Last + Bayard St. 166

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry. Lindenbon

{ Residence, if in Baltimore, Give Street and Number. } 724 Columbia ave

Duration of Residence in Baltimore. 1

D. 92432

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH:

AGE: 1

about 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: H. D. Lindenbon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Clubb

(Address) 724 Columbia ave

Filed Aug 4 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1906

I HEREBY CERTIFY, That I attended deceased from Ao Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Crushed by train, dismembering body

Sudden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Aug 4 1906

Place of Burial Balto Cemetery

Date Aug 5th 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92440

City of Baltimore, (No. Greenspring Av 5 th Ave St., 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleanora J Miller

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	May 1 1906 (Month) (Day) (Year)
AGE	— years, 3 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	child
BIRTHPLACE (State or country)	York Pa.
FULL NAME OF FATHER	Harry G Miller
BIRTHPLACE OF FATHER (State or country)	Pennsylvania
MAIDEN NAME OF MOTHER	Jane N. Lauman
BIRTHPLACE OF MOTHER (State or country)	Washington D.C.
OCCUPATION OF DECEASED	child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry G. Miller

(Address) 321 E. Princess St. York Pa

Filed Aug 4 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 3 1906 that I last saw h er alive on Aug 3 1906, and that death occurred, on the date stated above, at 12 a.m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 4 DAYS

Contributory (DURATION) DAYS

(Signed) D. N. Smith M. D.

1906 (Address) 206 S Duke

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Union Cemetery York Pa	Aug 5 1906
UNDERTAKER	ADDRESS
Horace Burgee	1631 Falls Rd

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, single, married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92441

City of Baltimore, (No. 709 Church St Hampden St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel E McCleary

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 16 1887 (Month) (Day) (Year)

AGE: 18 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Edward McCleary

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth E. Neal

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Attended School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel E. McCleary

(Address) 709 Church St

Filed Aug 4 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to Aug 3 1906 that I last saw him alive on Aug 2 1906, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 28 DAYS

Contributory

(DURATION) 28 DAYS

(Signed) S Smith M. D.

Aug 3 1906 (Address) 206-32 Dan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Marys Hampden	Aug 5 1906
UNDERTAKER	ADDRESS
Horace Burgee	3631 Falls Road

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

91

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip E. Hess

{ Residence, if in Baltimore, Give Street and Number. } 711 N. Calvert st

Duration of Residence in Baltimore. 60 yrs.

B 92442

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	May 15th 1843
AGE	63 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	x Penna.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sussy A Forsythe

(Address) 111 E Park road

Filed Aug 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Coroner Case 190 to 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial asthma.

(DURATION) — DAYS

Contributory (Primary.) Congestion of lungs

(DURATION) — DAYS

(Signed) Emily D. Hopkins M.D.

Address 708 N. Eutaw st

Date Aug 3rd 1906

Place of Burial Western cemetery

Date August 5th 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 316.-Hickory Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Charles Boone.

{ Residence, if in Baltimore, Give Street and Number. } 316.-Hickory Ave.

Duration of Residence in Baltimore. (60) Sixty yrs.

D. 92443

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby. 7th 1838

AGE: 68 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: William Charles Boone

BIRTHPLACE OF FATHER (State or country): Belfast. Ireland

MAIDEN NAME OF MOTHER: Mary Scott.

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew C. Boone

(Address) 632. Roland Ave.

Filed

Aug 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2. 1906 to Aug 3 1906 that I last saw h-- alive on Aug 3 1906, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion & Heart failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) D. Smith M.D.

Address 206-3rd Ave

Date Aug 5th 1906

Place of Burial New Cathedral

Date Aug 190..

Undertaker M. Zahn & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

125

(Place of Death.) No. 1510 McCulloh St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John H. Katzenberger.

{ Residence, if in Baltimore, Give Street and Number. } 1510 McCulloh St

Duration of Residence in Baltimore. 64 years

92444

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 28, 1842

AGE: 64 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Lewis Katzenberger

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Mary Snyder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis A. Katzenberger

(Address) 1510 McCulloh St

Filed 8/4 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 3 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to August 3 1906 that I last saw h im alive on August 3 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 2 years

(Signed) John E Luck M.D.

Address 647 W Lafayette Ave

Date August 4 1906

Place of Burial New Cathedral

Date Aug 6th 1906

Undertaker A. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 129

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Eliza Flynn

{ Residence, if in Baltimore, Give Street and Number. } 505 ~~E~~ Park Ave

92445

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 15th 1863

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER John Flynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget White

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Flynn

(Address) 505 Park Ave

Filed Aug 4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to Aug 3 1906

that I last saw h.. alive on Aug 2 1906.

and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Primary infiltration

& Surgical Shock.

(DURATION) 8 DAYS

Contributory (Primary) Myofibroma of Uterus (DURATION) ..... DAYS

(Signed) Bernard Heuisler M.D.

Address St Josephs Hosp

Date Aug 3 1906

Place of Burial Bonnie Brae Cem

Date Aug 5" 1906

Undertaker Geo M. Frank

Address 811 N Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B /

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Zelenska

{Residence, if in Baltimore, Give Street and Number.} 107 S. Penn St 92446

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Heinland

(Address) 107 S Penn St

Filed Aug 4 1906

HARRY C. ANDERSON, PERMIT CLERK.

Louis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2nd 1906

I HEREBY CERTIFY, That I attended deceased from July 7th 1906 to August 2nd 1906

that I last saw her alive on August 2nd 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia -

(DURATION) DAYS

Con'tributory (Primary.) Enteric Fever (DURATION) 30 DAYS

(Signed) W. L. Winfield M.D.

Address Univ. Hosp.

Date August 3rd 1906.

Place of Burial St Alphonsus

Date Aug 5th 1906 1906

Undertaker N. S. Fink

Address 213 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHCUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92447

Registered No. B.....

City of Baltimore, (No. 777 Mulberry St.; St.;..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Kays

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... 1 (Day) Year)

AGE: ..... years, ... 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: William King

BIRTHPLACE OF FATHER (State or country): Frederick Co

MAIDEN NAME OF MOTHER: Anna Chamberlain

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William King

(Address) 777 Mulberry St

Filed ..... 190 6 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2, 10 A. M. The CAUSE OF DEATH was as follows:

Whooping Cough

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Waters M. D.

Aug. 3 190 (Address) 1711 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mont Auburn	Aug 4 1906
UNDERTAKER	ADDRESS
John H Owen & Son	1822 Aisquith St

This Child was prescribed for at the Dispensary of Women's Med. College, on July 26.

Lack

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92448

Registered No. B.....

City of Baltimore, (No. 4 N. Heath St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian E. Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug (Month) 3 (Day) 1906 (Year)

AGE ——— years, ——— months, 17 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James L. Clark

BIRTHPLACE OF FATHER (State or country) D.C.

MAIDEN NAME OF MOTHER Lulu Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Clark

(Address) 4 N. Heath St.

Filed Aug 14 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Jack

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 3 1906 that I last saw her alive on Aug 3 1906, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Syncope

(DURATION) ..... DAYS

Contributory Premature Birth (DURATION) ..... DAYS

(Signed) W. E. L. Campbell M. D.

Aug 3 1906 (Address) 1644 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug 4 1906
UNDERTAKER	ADDRESS
Edward I Fanning	1460 Battery Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92449

City of Baltimore, (No. 817 Forest St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Waters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: mulatto

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C F Davis

(Address) 578 N Biddle

Filed 7/2 1906 HARRY O. ANDREAS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from about July 24 1906 to July 31 1906

that I last saw her alive on July 31 1906,

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Dysentery

4 weeks (about) (DURATION) — DAYS

Contributory Heart

(DURATION) DAYS

(Signed) Dan'l Hart M. D.

July 31 1906 (Address) 712 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 5 1906
UNDERTAKER	ADDRESS
Alex Walmsley	578 N Biddle

WM. J. C. DULANY CO., BALTIMORE.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 808. W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Bange.

{Residence, if in Baltimore, Give Street and Number.} 808. W. Barre St.

92450

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23rd 1905

AGE 1 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles Bange

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Viola Bau

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bange

(Address) 808 W. Barre St.

Filed

1906 HARRY G. ANDREAE, Registrar

Fair

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to August 3rd 1906

that I last saw h— alive on August 3rd 1906, 7.40 P.M.

and that death occurred, on the date stated above, at 7.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Chas L. Puddenhm M.D.

Address 418. S. Paca St.

Date Baltd. Aug 4th 1906

Place of Burial London Park.

Date Aug 5th 1906

Undertaker Mr. & Mrs John F. Seufert

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 Elm Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora May Winkler

{Residence, if in Baltimore, Give Street and Number.} 404 Elm Ave 92451

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 25 1906

AGE: ....years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lemuel Winkler

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Ella Parks

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lemuel Winkler

Address: 404 Elm Ave

Filed Jul 14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Aug 3 1906 that I last saw h(er) alive on Aug 3 1906, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 33 DAYS

Con'tributory (Primary.)

Malnutrition (DURATION) 60 DAYS

(Signed) B. R. Wards M.D.

Address 765 Mt Ave

Date Aug 3 1906

Place of Burial St Mary's

Date Aug 5 1906

Undertaker A. B. Marshall

Address 3539 Lalt Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Eastern ave. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anila Leokadia Lakowski

{ Residence, if in Baltimore, Give Street and Number. } 1608 Eastern ave.

92452

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —— 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ignacy Rakowski

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Stanislawa Wedgralkowna

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignacy Rakowski

(Address) 1608 Eastern Ave

Filed 8/4 1906

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 3 1906

that I last saw h[illegible] alive on Aug 3 1906

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gynotic diarrhoea

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 236 S. Bond St

Date Aug. 4 1906

Place of Burial Holy Rosary

Date August 5. 1906

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

165

(Place of Death.) No. 2628. Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank. Siekierski

{ Residence, if in Baltimore, Give Street and Number. } 2628 Hudson St

Duration of Residence in Baltimore. Lifetime

92453

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 12 1906

AGE ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimor City

FULL NAME OF FATHER Frank Siekierski

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Annie Bogacz

BIRTHPLACE OF MOTHER (State or country) Galicie

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Frank Siekierski

(Address) 2628 Hudson

Filed Aug 4 1906 HARRY C. ANDREWS Registrar

Laib PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 3 1906

that I last saw him alive on Aug 3 1906,

and that death occurred, on the date stated above, at 3- P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) O. L Long M.D.

Address 2429 Fait Ave.

Date Aug 3 1906

Place of Burial St Stanislaus

Date August 4 1906

Undertaker Jacob Frankowski

Address 728 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92454

Registered No. B

City of Baltimore, (No. Franciscan Square Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Ellen Kirkley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May (Month) 15 (Day) 1856 (Year)

AGE 50 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John W. Kirkley

BIRTHPLACE OF FATHER (State or country) Baltimor

MAIDEN NAME OF MOTHER Sarah Shipley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William G. Kirkley

(Address) 1514 W Baltimore St

Filed Aug 4 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 28th 1906 to Aug 4th 1906

that I last saw h-- alive on July 30th 1906,

and that death occurred, on the date stated above, at 1.45 P.M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

about one year

(DURATION)

Contributory Cardiac Asthenia

(DURATION) — DAYS

(Signed) Walter A. Stern M. D.

Aug 4th 1906 (Address) Franciscan Xavier Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2370 E. Cokburn St How long at Place of Death? 98 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 6 1906
UNDERTAKER	ADDRESS
Geo J Smith Co	1000 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 1175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1200 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Off of Elizabeth and Henry Finkeldey

{Residence, if in Baltimore, Give Street and Number.} 1200 Towson St. 92455

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 3rd 1906

AGE: ....years, ...months, 1/2 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Finkeldey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Doetring

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Finkeldey

(Address) 1200 Towson St.

Filed 8/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Faik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to Aug 3rd 1906

that I last saw h ....alive on ....1906....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia by umbilical Cord

....(DURATION)....DAYS

Contributory (Primary.) Prolapse funis

....(DURATION)....DAYS

(Signed) S. Faik M.D.

Address 1510 E. Fort Ave

Date Aug 3rd 1906

Place of Burial Cedar Hill

Date Aug 4 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Curley St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Charles Neserka

{Residence, if in Baltimore, Give Street and Number.} 1113 Curley St.

Duration of Residence in Baltimore. 35 years 92456

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov 13 1851
AGE	55 years, 8 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Neserka
BIRTHPLACE OF FATHER (State or country)	Don't Know
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Neserka

(Address) 1113 Curley St

Filed 8/4 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1. 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to Aug. 1. 1906 that I last saw him alive on Aug. 1. 1906, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) F. W. Schweeber M.D.

Address 1013 Canton St.

Date Aug. 3 1906

Place of Burial Mount Carmel

Date Aug 5th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92457

Registered No. B

City of Baltimore, (No. 711 N. Hopkins ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Willis Leverton

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: W.

DATE OF BIRTH: March 20 (Month) (Day) 1826 Year)

AGE: 80 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married ~~Single~~

BIRTHPLACE (State or country): Caroline Co Md.

FULL NAME OF FATHER: William Willis Leverton

BIRTHPLACE OF FATHER (State or country): Caroline Co Md.

MAIDEN NAME OF MOTHER: Mary Walker

BIRTHPLACE OF MOTHER (State or country): Caroline Co Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse N. Leverton

(Address) 711 N. Hopkins Ave

Filed Aug 4 1906 HARRY C. ANDREWS Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 3d (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5th 1906 to August 3d 1906

that I last saw h[e] alive on Aug 3d 1906

and that death occurred, on the date stated above, at 3.05 P. M. The CAUSE OF DEATH was as follows:

Nephritis

About 4 weeks (DURATION) DAYS

Contributory Old age.

(DURATION) DAYS

(Signed) J. B. Schwatka M. D.

August 3d 1906 (Address) 1003 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Aug 6 1906

UNDERTAKER: W. J. Schaeffer

ADDRESS: 18 S. Front St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 92458

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 N Schroder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Kattenbach

{ Residence, if in Baltimore, Give Street and Number. } 221 N Schroder

Duration of Residence in Baltimore..... 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6th 1860

AGE 46 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Philip Alles

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bender

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Kattenbach

(Address) 208 N. Schroder St

Filed Aug 4 1906 HARRY O. ANDRES, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 = 1906

I HEREBY CERTIFY, That I attended deceased from July 27 = 1906 to Aug 4 1906 that I last saw h[illegible] alive on July 4 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(Dr. Sadler says he believes the Septicaemia was due to Peritonitis, Superinduced by constipation and)

(DURATION) 8 DAYS

Contributory (Primary) Septicaemia

(DURATION) DAYS

(Signed) Thomas Sadler M.D.

Address 320 N Grove St

Date Aug 4 = 1906

Place of Burial Baltimore cemetary

Date Aug 6th 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Johnson

{Residence, if in Baltimore, Give Street and Number.} 237 N. Arlington

92459

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: Nov 6 1873

AGE: 32 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Porter in store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, as obtained from wife of deceased

Informant: John D. King

Address: 1425 Eutaw Place

Filed: 8/14 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Sails

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1905 to Aug 3 1906 that I last saw him alive on Aug 2 1906, and that death occurred, on the date stated above, at 12 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

13 mos (DURATION) ~~DAYS~~

Contributory (Primary) Exhaustion & Emaciation (DURATION) ~~DAYS~~

(Signed) John D. King M.D.

Address 1425 Eutaw Place

Date Aug 3 1906

Place of Burial Laurel

Date Aug the 5 1906

Undertaker Alfred Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2006, York Road

~~St.~~ (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louisa Ritz Schott

{ Residence, if in Baltimore, Give Street and Number. } 2006 York Road

92460

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 19th 1886

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Geo. H. Schott

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary Ritz

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary. Schott.

(Address) 2006. York Road

Filed Aug 4 1906

Lark

Registrar

BUREAU OF VITAL STATISTICS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3d 1906

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to Aug 3d 1906 that I last saw her alive on Aug 2d 1906 and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonary

(DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Bolton St.

Date Aug. 3d 1906

Place of Burial Greenmount Cemetery

Date Aug. 4th 1906

Undertaker Wm Cook

Address 502. E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92461

Registered No. B.....

City of Baltimore, (No. 332 Forest St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlie Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: White

DATE OF BIRTH: 15 month 1 (Month) (Day) Year)

AGE: 1 years, 8 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Morris Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Goldman

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Cohen

(Address) 332 Forest st

Filed 8/4 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/3 1906 to 8/3 1906

that I last saw him alive on 8/3 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory Bronchial Pneumonia

(DURATION) ..... DAYS

(Signed) S. C. Katz M. D.

8/3 1906 (Address) 118 Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philpott Rosedale — DATE OF BURIAL: Aug 4, 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lovet

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Fair

Registered No. 129

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Voyce

{ Residence, if in Baltimore, Give Street and Number. } 1618 Hanover St — 92462

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Rhode Island

FULL NAME OF FATHER: Robt B. Caswell

BIRTHPLACE OF FATHER (State or country): R. I.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Voyce

(Address) 1618 Hanover

Filed Aug 4 1906 MARY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 2 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Aug 2d 1906

that I last saw h-- alive on Aug 2 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Tubercul

2 Month (DURATION) DAYS

Contributory (Primary.)

Asthma (DURATION) DAYS

(Signed) H Hammond Lucke M.D.

Address 835 Light St

Date Aug 3 1906

Place of Burial Mt Olivet

Date Aug 5 1906

Undertaker Wm. J. Tuckwell & Son

Address Camden & Arch

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92463

Registered No. B.....

City of Baltimore, (No. 1328, Druid Hill Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josef Jaudiks

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: July (Month) (Day) 1823 (Year)

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Benjamin B.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Jaudiks

(Address) 1618 Madison Ave

Filed Aug 4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1905 to August 3 1906 that I last saw him alive on August 2 1906, and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

General Debility

Last 2 Years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Bernhard Jaudiks M. D.

Aug 3 1906 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: Aug. 6 1906

UNDERTAKER: Hart & Sondheim — ADDRESS: 923 Eutaw St

Ward W. E. m. Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred In Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cristina Falk nee Sallie Frank Manning.

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum

Duration of Residence in Baltimore. Fifty years

92464

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1831

AGE: 76 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lont Frncow

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don Frncow

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday

(Informant)

(Address) BAY VIEW ASYLUM.

Filed

[illegible] 190 6 HARRY O. ANDREWS Registrar
PERMIT CLERK.

Falk

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 2 1906

I HEREBY CERTIFY, That I attended deceased from July 30, 1906 to Aug 2 1906 that I last saw her alive on Aug 2 1906, and that death occurred, on the date stated above, at 10.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) Wm. Dunnock M.D.

Address

Date 190

Place of Burial Cedar Hill

Date Aug 4th 1906

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 118

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Broadway & Eutaw St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Reese.

{ Residence, if in Baltimore, Give Street and Number. } 1420 Garrett Ave. City.

Duration of Residence in Baltimore.

92465

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John Reese.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christiana Anker.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Watkins.

(Address) 1420 Garrett Ave City

Filed Aug 4 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3d 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Aug 3 1906 that I last saw h[illegible] alive on Aug 3 1906, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

Noma

(DURATION) 4 DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) 16 DAYS

(Signed) John McF. Berglund M.D.

Address Johns Hopkins Hospital

Date Aug 3d 1906

Place of Burial Cedar Hill

Date Aug. 4 190[illegible]

Undertaker Jos Stuntebeck

Address 1318. Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. 309 E. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gustave C Miller

{ Residence, if in Baltimore, Give Street and Number. } 309 E. West st

Duration of Residence in Baltimore. Lifetime

92466

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 4th 1906

AGE: ..... years, 1 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: William F Miller.

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Bertha Einwachter

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Miller. (Father)

(Address) 309 E West St

Filed Jul 6 1906 HARRY C. [illegible] Registrar

PERMIT CLERK.

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 3 1906 to Aug 4 1906

that I last saw him alive on Aug 3 1906,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 days

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date Aug 4 1906

Place of Burial Westview Cem.

Date August 5th 1906

Undertaker E Nash

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 693 W. Mulberry St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Triggs

{Residence, if in Baltimore, Give Street and Number.} 693 W Mulberry St

Duration of Residence in Baltimore. Life 92467

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed.

DATE OF BIRTH 1881

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Napoleon Bonaparte

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Caroline Ray

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Waitress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. B. Triggs.

(Address) 693 W. Mulberry St.

Filed Aug 4 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

Leach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1905 to Aug 3rd 1906 that I last saw her alive on Aug 2nd 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

18 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. F. McCarthy M.D.

Address 656 W. Franklin St.

Date Aug 4th 1906

Place of Burial Cathedral Cemetery

Date Aug 6 1906

Undertaker Allie B. Pyle

Address 1021 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. D

CERTIFICATE OF DEATH. 92468

(Place of Death.) No. 503 S. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Mitchell

{Residence, if in Baltimore, Give Street and Number.} 503 S. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 27½ 1904

AGE: 1 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas H. Mitchell

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mamie Hall

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Mitchell

(Address) 503 S. Port St.

Filed [illegible] 190[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augt 3 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Augt 3 1906

that I last saw her alive on Augt 2 1906,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Meningitis &

Exhaustion (DURATION) 2 DAYS

(Signed) Adolph C. Eberhart M.D.

Address 2213 Orleans St

Date Augt 3 1906

Place of Burial St. Stanislaus Cem.

Date Aug. 6½ 1906

Undertaker Germanus Thanner

Address Bantz & Wolf Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. 2

CERTIFICATE OF DEATH.

92469

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 730 S. Dallas St. St.

Full Name Matilda Garlin

{Residence, if in Baltimore, Give Street and Number.} 730 S. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 12 1905
AGE	1 years, — months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Frederick B. Garlin
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Christina Olsen
BIRTHPLACE OF MOTHER (State or country)	Norway
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick B. Garlin

(Address) 730 S. Dallas St.

Filed Aug 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 2 1906 that I last saw h— alive on Aug 2 1906, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate.)

Acute meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 46 S. Bradley

Date Aug 2 1906

Place of Burial Mount Carmel Cem.

Date August 4th 1906

Undertaker Germanus Thanner

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 West North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Susan Meyer

{Residence, if in Baltimore, Give Street and Number.} 1019 Harlem Ave.

Duration of Residence in Baltimore. 30 years D. 92470

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 26" 1852

AGE 53 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Stoner

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Ann. Haines

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Stoner

(Address) 1019 Harlem Ave.

Filed Aug 4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augt 4th 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to Augt 4th 1906 that I last saw her alive on Augt 4th 1906 and that death occurred, on the date stated above, at 10¾ A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from Surgical Operation

(DURATION) 7 Hours DAYS

Contributory (Primary) Carcinoma of the Intestines (DURATION) DAYS

(Signed) H. Smith M.D.

Address 1415 Madison ave

Date Augt 4th 1906

Place of Burial Greenmount Cem.

Date August 6" 1906

Undertaker Henry W. Mears and Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 924471

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 N. Gay & St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J. Jones

{Residence, if in Baltimore, Give Street and Number.} 420 N Gay & St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cecil Co.

FULL NAME OF FATHER: Levy York

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Gray

BIRTHPLACE OF MOTHER (State or country): " —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Don Jones

(Address) Harve De Grace, Md

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug 3 1906

that I last saw her alive on Aug 1 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

1 yrs (DURATION) DAYS

Contributory (Primary) Immediate 3 mos (DURATION) DAYS

(Signed) H. S. Johns M.D.

Address 1731 E Baltimore St

Date Aug 4 1906

Place of Burial Harve de Grace

Date Aug 4th 1906

Undertaker E. Schulman Son

Address 1029 Hanover St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

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CERTIFICATE OF DEATH.

(Place of Death.) No. 308 S Vincent St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Chas Cooper

{ Residence, if in Baltimore, Give Street and Number. } 308 S Vincent St

Duration of Residence in Baltimore. Life

B. 92472

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 26 th 1905

AGE: 1 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Chas Cooper

BIRTHPLACE OF FATHER (State or country): W Va

MAIDEN NAME OF MOTHER: Ida M Monday

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Chas Cooper

(Address) 308 S Vincent St

Filed Aug 4 1906 HARRY D. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to Aug 3rd 1906 that I last saw him alive on Aug 3rd 1906 and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate

Diarrhea & Enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Egbert L Mortimer M.D.

Address 125 N Fulton Ave

Date Aug 4 1906 190

Place of Burial Lovettsville Loudon Co Va

Date August 5th 1906

Undertaker Connolly Bros.

Address 25 E Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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92473

CERTIFICATE OF DEATH.

Registered No. B 92473

City of Baltimore, (No. 10 N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1836 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Page

(Address) 10 N. Fremont

Filed Aug 6 1906 J X S Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 4th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug. 4th 1906

[redacted] last saw her alive on Aug. 3. 1906,

and that death occurred, on the date stated above, at 3 a.m. The CAUSE OF DEATH was as follows:

Apoplexy with Cerebral Thrombosis

(DURATION) 25 DAYS

Contributory Senile and Heart Insufficiency (DURATION) 3 DAYS

(Signed) J. H. Hoffman M. D.

Aug 6 1906 (Address) 702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Aug 9th 1906
UNDERTAKER	ADDRESS
Sam'l H. Chase	101 N Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

age, condition (whether married or single) of the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

92474

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92474

City of Baltimore, (No. 215, N. Montford Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephan Gaecklein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1854 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Gaecklein

(Address) 215 N. Montford ave

Filed 8/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 3rd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 3 1906

that I last saw him alive on Aug 3 1906,

and that death occurred, on the date stated above, at 8:15 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Chas H. Wilkens M. D.

Aug 4 1906 (Address) 2428 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Aug. 6 1906

UNDERTAKER: Jos. J. Iden | ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27

CERTIFICATE OF DEATH.

92475

(Place of Death.) No. 529 S. Smallwood St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Grace V Stood

{ Residence, if in Baltimore, Give Street and Number. } .....

B. 92475

Duration of Residence in Baltimore. ..

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 3 1887

AGE 19 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos H Stood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta Bryan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Henrietta J Stood

(Address) 529 S Smallwood St

Filed Sept 8 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1905 to Aug 3 1906

that I last saw h in alive on Aug 2 1906,

and that death occurred, on the date stated above, at 3 A.M. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) 1 1/2 Years

(Signed) Howard Kahn M.D.

Address 2027 E Pratt

Date Aug 3 1906

Place of Burial Elkridge Md

Date August 5th 1906

Undertaker Wm J Tickner & Sons

Address Baltimore & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B.....

92476 CERTIFICATE OF DEATH. 92476/66

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casmir Prucick

{ Residence, if in Baltimore, Give Street and Number. } Baltimore Co

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 48 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Austria	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Farm hand	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M F Sadowski

(Address) 703 S. Conn St

Filed 8/5 1906 D L Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Aug 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull 3 ribs broken on Left side Left Arm cut off above the elbow Cause Unknown to Jury found on Columbus Ave

Contributory (Primary.) Abscess 150 feet from Monument (DURATION) DAYS

(Signed) E Irvine Jones M.D.

Address Coroners Office

Date Aug 4 1906

Place of Burial St Stanislaus

Date Sunday Aug 5 1906

Undertaker M F Sadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Glen Edwards Avenue St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Watts

{Residence, if in Baltimore, Give Street and Number.} 406 Glen Edwards Ave

Duration of Residence in Baltimore. Lifetime B 92477

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 27 1906

AGE 7 years, 7 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas H Watts

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Isabella Donnelly

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Watts

(Address) 406 Glenedward Ave

Filed 8/5 1906 J X J Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3d 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Aug. 3d 1906 that I last saw her alive on Aug 3d 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Measles

(DURATION) 4 DAYS

(Signed) L. a Richardson M.D.

Address 112 N. 25th St

Date August 3rd 1906

Place of Burial Bonnie Brae

Date Aug 5 1906

Undertaker J. F. Fahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92478

City of Baltimore, (No. 806 W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July (Month) 25 (Day) 1843 (Year)

AGE 63 years, — months, 10 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Clark

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Corrigan

(Address) 806 W Fayette St

Filed Aug 5 1906 J X C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 4th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15th 1906 to Aug. 4th 1906

that I last saw her alive on Aug. 3rd 1906,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Organic disease of heart

several yrs.
(DURATION)

Contributory General exhaustion
(DURATION) DAYS

(Signed) L. Ka. Ho. Hamer M. D.

Aug 6th 1906 (Address) 1702 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL St Peters — DATE OF BURIAL Aug 6 1906

UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. B 92479

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1206 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Gast.

{ Residence, if in Baltimore, Give Street and Number. } 1206 Patapsco St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November 18th 1905
AGE	..... years, 8 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Gast
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Giese
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gast

(Address) 1206 S. Patapsco St.

Filed 8/5 1906 F. X. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 4 1906 that I last saw h. alive on Aug 3rd 1906, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 3 wks DAYS

Contributory (Primary.)

Exhaustion (DURATION) — DAYS

(Signed) S. W. Jones M.D. & J. McCann M.D. (acting)

Address 839 S. Canton Ave

Date Aug 4th 1906

Place of Burial Sacred Heart Cem

Date August 5th 1906

Undertaker H. SANDER & SONS, 1708-1710 Canton Avenue, S. E. Cor. Spring & Baltimore St.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 Registered No. B 92480

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 2342 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Lee

{Residence, if in Baltimore, Give Street and Number.} 2342 Stockton St

Duration of Residence in Baltimore. ~30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1855

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Lee

(Address) 2342 Stockton St

Filed 8/5 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 3 1906

that I last saw him alive on Aug 3 1906

and that death occurred, on the date stated above, at 7 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dysentery

(DURATION) 2 DAYS

Con'ributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) T. E. Daughety M.D.

Address 2506 Pennsylvania Ave

Date Balto Aug 3 1906

Place of Burial Mt Auburn

Date August 4 1906

Undertaker H. J. Johnson

Address 1406 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92481

Registered No. B

City of Baltimore, (No. 1044, W. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter M. Gamble

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Apr (Month) 3 (Day) 1906 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Walter A Gamble

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Francis Schminger

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A Gamble

(Address) 1044 W Saratoga

Filed 8/5 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to August 4th 1906 that I last saw h... in alive on August 4 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 12 DAYS

Contributory Exhaustion (DURATION) 3 DAYS

(Signed) Robt. J Murray M.D. M. D.

August 4th 1906 (Address) 510 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 8/5 1906

UNDERTAKER: Wm J Schilling — ADDRESS: 95 Poppleton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92482

City of Baltimore, (No. 416 N. Potpleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harvey Preston Ensor.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 17 (Day) 1903 (Year)

AGE: 3 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Carroll Co - Maryland.

FULL NAME OF FATHER: Harvey Franklin Ensor.

BIRTHPLACE OF FATHER (State or country): Baltimore Co - Maryland

MAIDEN NAME OF MOTHER: Amanda J. Price

BIRTHPLACE OF MOTHER (State or country): Carroll Co - Maryland.

OCCUPATION OF DECEASED: -none-.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Sign here. (Informant) M. Cadogan

(Address) 696 W. Mulberry St

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 5 1906

that I last saw h in alive on Aug 5 1906,

and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Asphyxia - resulting from - Diphtheria which was of both pharyngeal & laryngeal typ. Sero "Membranous Croup". (DURATION) 2 DAYS

Contributory (DURATION) DAYS

(Signed) M B Hood M. D.

Aug 5 - 1906 (Address) 618 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetary — DATE OF BURIAL: Aug 6 1906

UNDERTAKER: Carroll Co — ADDRESS: 696 W Mulberry

M. Cadogan

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 92483

City of Baltimore, (No. 1012 N. Broadway St.; 7th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Son of Emmet G. Bets

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August (Month) 5th (Day) 1906 (Year)

AGE: ___ years, ___ months, 10 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emmet G. Bets

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Alice J. Coleman

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmet G Bets

(Address) 1012 Broadway No.

Filed Aug 6th 1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1906 to Aug 5th 1906 that I last saw h im alive on Aug 6 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Premature birth, baby only 7½ months gestation.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm T. White M. D.

Aug 6th 1906 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	Aug 7 1906
UNDERTAKER	ADDRESS
Robt Kenney	Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 907 Potomac St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Frank. W Kowalski

{ Residence, if in Baltimore, Give Street and Number. } 907 Potomac

Duration of Residence in Baltimore. Lifetime B 92484

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank Kowalski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Kaszak

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kowalski

(Address) 907 Potomac

Filed Aug 6th 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 2nd 1906 to Aug 5th 1906

that I last saw h[illegible] alive on Aug 4 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever.

3 (DURATION) DAYS

Contributory (Primary.) Uraemia.

(DURATION) DAYS

(Signed) C S Green M.D.

Address 619 S Paca St Aug

Date Aug 5th 1906

Place of Burial Holy Rosary

Date Aug 6 1906

Undertaker Jacob Fralkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W. 11. 4. Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Burgess

{ Residence, if in Baltimore, Give Street and Number. } Bayview Asylum

Duration of Residence in Baltimore. Sixty Seven years

B 9/2485

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~August 4~~ [illegible]

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Lemar Hollyday Supt.

(Address)

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 4 1906 that I last saw h[illegible] alive on July 4 1906, and that death occurred, on the date stated above, at 11:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Uraemia

(DURATION) DAYS

(Signed) [illegible] M.D.

BAY VIEW ASYLUM

Address

Date 190

Place of Burial Green Mt Cemetery

Date Aug 6 1906

Undertaker Geo. J. Smith Co.

Address 10 N. W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2301 Boston St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Mc Ginn

{Residence, if in Baltimore, Give Street and Number.} 326 S. Chester St.

B 90486

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1836
AGE	70 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	dont know
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Mc Ginn (Son)

(Address) 326 S. Chester St.

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 = 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow M.D.

Address 320 N Greene St

Date Aug 5 = 1906

Place of Burial St. Patricks Cemetery

Date Aug 7 = 1906

Undertaker Germanus Thance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name—Annie De Matteo.

{Residence, if in Baltimore, Give Street and Number.} # 207 S. Wolfe St.

Duration of Residence in Baltimore. Life

D 92487

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Dec. 26th 1905

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Adam DeMatteo

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Ruth Dunaway

BIRTHPLACE OF MOTHER (State or country): St. Marys Co. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam DeMatteo

(Address) 207 S. Wolfe St.

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 5th 1906 that I last saw h[illegible] alive on Aug 4th 1906, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

~~Dysentery~~ Enterocolitis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 701 Cathedral St.

Date Aug 5th 1906

Place of Burial Holy Redeemer Cem.

Date Aug. 6th 1906

Undertaker Germanus Thanz

Address Bartz & Wolf Bro

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Knight

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home B 92498

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Mulatto

DATE OF BIRTH: July 4 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed

Aug 6 1906 EAW

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 3 1906

that I last saw him alive on Aug 2 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Aug. 6 1906

Place of Burial New Catholic Cemetery

Date Aug 6th 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Campbell.

{Residence, if in Baltimore, Give Street and Number.} 733 Central Ave

Duration of Residence in Baltimore. 25 yrs.

B. 92489

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Campbell

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Anna Gorkin

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Campbell

(Address) 733 Central Ave.

Filed Aug 6 1906

Ecw

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 4 1906

that I last saw her alive on Aug 4 1906,

and that death occurred, on the date stated above, at 12-00

M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis.

? ? (DURATION) ? DAYS

Contributory (Primary.) Uraemia.

? (DURATION) ? DAYS

(Signed) E. E. Lawless M.D.

Address Md. Gen. Hospital

Date Aug 4 1906

Place of Burial Friends Quaker Cemetery

Date Aug 6 1906

Undertaker Wm Cook

Address 1026 Hartford Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92490

City of Baltimore, (No. 762, W Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna Brown Zeller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — (Month) — (Day) 1— Year)

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. W. Becker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothy Weck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 6 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1906 to Aug 5 1906

that I last saw h— alive on Aug 5 1906,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

old age

about 6 mos. (DURATION) ..... DAYS

Contributory chronic colon (DURATION) 2 DAYS

(Signed) W. E. Krupf M. D.

Aug 5 1906 (Address) 1002 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Aug 8 1906
UNDERTAKER	ADDRESS
Wm Brook	501 E Fayette

WM. J. C. DULANY CO., BALTIMORE

Removed to
625 W Mulberry St
Penn Cem

Ward 12 — 92491 — Registered No. B [illegible] 451

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Beuschla

{Residence, if in Baltimore, Give Street and Number.} 170 N. Hanover East

Duration of Residence in Baltimore. Life time

D. 92491

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sep 16th 1868

AGE: 37 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: J W. Hardy.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary A Colman.

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hardy

(Address) 8 N. Clement St.

Filed

Aug. 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Aug 3rd 1906

that I last saw her alive on Aug 1906

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1728 E. Chase

Date July 3rd 1906

Place of Burial Baltimore County

Date Aug 6 1906

Undertaker E. J. Fanning

Address 1760 Battery Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Dennis

{Residence, if in Baltimore, Give Street and Number.} 1809 Whitehall St. D. 92492

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR Black	DATE OF DEATH Aug 3 1906
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from July 9 1906 to Aug 3 1906.
AGE 44 yrs. years, months, days	that I last saw h alive on Aug 2 1906
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 12 M.
BIRTHPLACE (State or country) Harford Co.	CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER Joseph Dennis.	Syphilitic Nephritis.
BIRTHPLACE OF FATHER (State or country) —	1 Month (DURATION) DAYS
MAIDEN NAME OF MOTHER Annie Stayman.	Contributory (Primary.) Syphilis 2 yrs. (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) Harford Co.	(Signed) Theodore Lonsdale M.D.
OCCUPATION OF DECEASED Laborer	Address 1808 N. Charles St.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Aug 3 1906
(Informant) Thos F. Ryder	Place of Burial Laurel Cemetery
(Address) Md Penitentiary	Date Aug 6. 1906
Filed Aug 6 1906 Registrar	Undertaker R. J. McElhatt
Rcvd	Address 506 Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2/16

Ward 10

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 Rogers av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Solomon Clinton Howard

{Residence, if in Baltimore, Give Street and Number.} 105 Rogers av.

Duration of Residence in Baltimore. Life

D 92/192

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: July 19 1906

AGE: — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph A. Howard.

BIRTHPLACE OF FATHER (State or country): Balto - md.

MAIDEN NAME OF MOTHER: Martha Dyer

BIRTHPLACE OF MOTHER (State or country): Balto. Co - Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Howard

(Address) 105 Rogers av.

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 19. 1906 to Aug. 5th 1906

that I last saw him alive on Aug. 5 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Summer Diarrhoea

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date August 6 1906

Place of Burial Laurel

Date August 6 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1219 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

92494

Full Name Susan Thomas.

{Residence, if in Baltimore, Give Street and Number.} 1219 E Lexington St

Duration of Residence in Baltimore. all life time 92494

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: —

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Fields

(Address) 1219 E Lexington St.

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from March 26 1906 to Aug 4 1906 that I last saw her alive on July 30 1906, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary) old age

(DURATION) DAYS

(Signed) J. Howard M.D.

Address 202 Aisquith St

Date 190

Place of Burial Saturday

Date Aug 6th 1906

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

full name, sex, age, condition (whether married or single) of the person

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 Diamond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Hardy

{Residence, if in Baltimore, Give Street and Number.} 306 Diamond St

Duration of Residence in Baltimore. 12 yrs.

B. 9 D 496

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Hardy

(Address) 306 Diamond St

Filed Aug 6 1906

ECD Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4, 1906

I HEREBY CERTIFY, That I attended deceased from July 16, 1906 to Aug 4 1906 that I last saw h[illegible] alive on Aug 4 1906, and that death occurred, on the date stated above, at 1-20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Brights Disease

? (DURATION) ? DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 5- DAYS

(Signed) E C D Lamb M.D.

Address Md. Gen. Hospital

Date Aug 4, 1906

Place of Burial St. Peters

Date August 7 1906

Undertaker R A Ellicott

Address 506 Hayes Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 nol

Registration 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 S. Chester St. (If Death occurred in Hospital or institution, give Its Name Instead of Street and Number.)

Full Name John T. Connolly

{Residence, if in Baltimore, Give Street and Number.} 313 S. Chester St.

Duration of Residence in Baltimore. 25 yrs. B. 9/1/96

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 22, 1862

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington, D.C.

FULL NAME OF FATHER Geo. H. Connolly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cath. Mc Guire

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Connolly

(Address) 313 S. Chester St.

Filed

Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 3 - 1906

I HEREBY CERTIFY, That I attended deceased from July - 27 1906 to Aug - 2 1906 that I last saw him alive on Aug - 1 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Malignant~~

Epithelioma

(DURATION) 7 DAYS

Contributory (Primary.) Malignant tumor of Stomach (DURATION) about one year DAYS

(Signed) Pierre E. Lamar M.D.

Address 121 Jackson Square

Date Aug 3 1906

Place of Burial Holy Cross

Date Aug 6th 1906

Undertaker Jas. A. Inman

Address Bond & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2230 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Will

{Residence, if in Baltimore, Give Street and Number.} Ino 2230 Eastern Ave

Duration of Residence in Baltimore. thirty five years

P. 92497

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: G Will

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Angel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Will

(Address) 2230 Eastern ave

Filed: Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Aug 1906 that I last saw him alive on Aug. 3d 1906, and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about three days (DURATION) DAYS

Contributory (Primary.) Tubercular Phthisis

several months (DURATION) DAYS

(Signed) Fredk. A. Consadine, M.D.

Address 1121 E. Baltimore St

Date Aug. 5th 1906

Place of Burial Sacred Heart Cemetery

Date Aug 7 1906

Undertaker Kendall Dipple Co

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Grottendieck

{Residence, if in Baltimore, Give Street and Number.} 1627 Orleans St.

Duration of Residence in Baltimore. Life

P. 921/96

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 4½ months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William J Grottendick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalene Konig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Grottendick

(Address) 1627 Orleans.

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 4 1906

that I last saw h alive on Aug 4 1906,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 1 DAYS

Contributory (Primary) Thrombosis

(DURATION) DAYS

(Signed) George Luitus Blades M.D.

Address 124 Jackson Place

Date Aug 6 1906

Place of Burial Holy Redeemer

Date Aug 6 1906

Undertaker Kendall Dipple & Co

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92499

City of Baltimore, (No. 1643 Hanford Avenue St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Hook

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feb 6 1872 (Month) (Day) (Year)
AGE	34 years, 6 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jacob Hook
BIRTHPLACE OF FATHER (State or country)	(Europe) Germany
MAIDEN NAME OF MOTHER	Catherine Engelbert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cabinet

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sebastian F Hook

(Address) 1640 N Caroline St

Filed Aug 6 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1905 to Aug 5 1906 that I last saw him alive on Aug 2 1906, and that death occurred, on the date stated above, at 2 1/2 P. M. The CAUSE OF DEATH was as follows:

Locomotor Ataxia
Pulmonary tuberculosis

15 Mos (DURATION) — DAYS

Contributory Indoor work

(DURATION) — DAYS

(Signed) David Streett M. D.

Aug 6 1906 (Address) 712 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Aug 7th 1906
UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

Aug 5 1906 - disinfection of premises by health department because of tuberculosis
David Streett Md

Ward ..... Registered No. 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Gen'l Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Haywood

{Residence, if in Baltimore, Give Street and Number.} 1304 Ething

Duration of Residence in Baltimore. Died Here B.92500

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Annapolis Md

FULL NAME OF FATHER ~~Wood~~ Haywood

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER Chanty Dowdd

BIRTHPLACE OF MOTHER (State or country) Prince George Co

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachal Haywood

(Address) 1129 Homey Lane

Filed Aug 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M.

CAUSE OF DEATH (Secondary or Immediate) Concussion of the brain, from injury, Struck by car.

..... (DURATION) — DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Gilbert M.D.

Address 711 W. Lanvale

Date Aug 5 1906

Place of Burial Mont Auburn

Date August 6 1906

Undertaker John H. Owens & Son

Address 1222 Druid ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92501

Registered No. B .....

City of Baltimore, (No. 1109 N. Washington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Banks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: April 15 (Month) (Day) 1871 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Banks

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Sarah J Devers

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Seamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Banks

(Address) 1013 E Madison St

Filed Aug 6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from A.D. 190 ..... to 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Hemorrhage from the Lungs.

(DURATION) — DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) J. D. Gilchrist M. D.

Aug 5 1906 (Address) 211 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Vincents — DATE OF BURIAL: Aug 7 1906

UNDERTAKER: Wm J Schaffer — ADDRESS: E. S. Fort St

Paid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

118

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Sweetmore

{ Residence, if in Baltimore, Give Street and Number. } 3620 Cedar ave

92502

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: January 31st 1890

AGE: 16 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert. A. Sweetmore

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth. Horn.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Mill Hand.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Sweetmore.

(Address) 3620 Cedar Ave.

Filed 8/6 1906

MARRY C. ANDREWS, PERMIT CLERK.

Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4. 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1. 1906 to Aug 4 1906 that I last saw him alive on Aug 4 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Tumor

(DURATION) 3 DAYS

Contributory (Primary) I think

Appendicitis (DURATION) 3 DAYS

(Signed) D. McNeth M.D.

Address 206 3rd Ave

Date Aug 4 1906

Place of Burial St. Marys, Hampden

Date August 6th 1906.

Undertaker Wm. E. Clemonts & Son

Address 919 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

Registered No. B 92503

CERTIFICATE OF DEATH.

(Place of Death.) No. 932c Woodyear — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Hamard

{Residence, if in Baltimore, Give Street and Number.} 932 Woodyear St

92503

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1870

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co. md

FULL NAME OF FATHER John Howard

BIRTHPLACE OF FATHER (State or country) Calvert Co. md

MAIDEN NAME OF MOTHER Mary E. Hodred

BIRTHPLACE OF MOTHER (State or country) Calvert Co. md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hamilton Howard

(Address) 933 N. Woodyear St

Filed 8/6 1906

Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 — 4 — 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to Aug 4 1906 that I last saw h— alive on Aug 3 1906, and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma and Bronchial Disease

(DURATION) 26 DAYS

Contributory (Primary) Heart —

(DURATION) 20 DAYS

(Signed) Dr G W Pennard M.D.

Address 708 Eutaw St

Date 8 — 4 — 1906 ✓

Place of Burial Halls Creek Calvert Co

Date Aug — 6 1906

Undertaker Sam'l H Ward

Address 1011 N. Calhoun St ✓

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27

Registered No. B 92504

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Little Green St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Chester

{Residence, if in Baltimore, Give Street and Number.} 604 Little Green St

92504

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dorsey

(Address) 607 E. Green St

Filed 8/6 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

Carl

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from May 10 1906 to Aug 4 1906

that I last saw him alive on Aug 3 1906

and that death occurred, on the date stated above, at 8.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & Consumption

(DURATION) 3 Mos DAYS

Con'tributory (Primary) Asthenia

(DURATION) 4 Hrs DAYS

(Signed) C. B. Fowler M.D.

Address #712 S. Mark St

Date Aug 5 1906

Place of Burial Laurel Cem.

Date Aug 6 1906

Undertaker J. W. H. Tradum

Address Brentwich St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92505

Registered No. B

City of Baltimore, (No. 1209 Williams St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Franck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 5 (Day) 1824 (Year)

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): N. Jersey

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Henry L. Nicklem

(Address) 1209 Williams St

Filed Aug 6 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Aug 4 1906

that I last saw h[er] alive on Aug 4 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Senile debility

5 hours (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

Aug 6 1906 (Address) 833 Light St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lot Pauline Cem. Woodlawn

DATE OF BURIAL: Aug 6th 1906

UNDERTAKER: John J. Fahey

ADDRESS: 1232-36 Williams St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 92506

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 6064 Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alda Irene Price

{Residence, if in Baltimore, Give Street and Number.} 6064 Pratt St. 92506

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Aug 27 1905	
AGE: 1 years, 11 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Robt. W. Price	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Eleanor Crally	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: Infant.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt W Price

(Address) 606 W Richmond

Filed 9/6 1906 HARRY C. ANDERSON PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug 3 1906

that I last saw h-d alive on Aug 3 1906

and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

Contributory (Primary.) Cholera Infantum (DURATION) DAYS

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address Emergency Hospital

Date Aug 6 1906

Place of Burial Mt Olivet Cemetery

Date Aug 6th 1906

Undertaker Geo Lemmert & Son

Address 647 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92507 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2246. Baur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Meyer.

{ Residence, if in Baltimore, Give Street and Number. } 2246 Baur St.

92507

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 1906

AGE — years, — months, 7 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Daniel Meyer

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Gertrude McDonough

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Meyer.

(Address) 2246. Baur St

Filed Aug 6 1906 Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 4 1906 that I last saw him alive on Aug 4 1906, and that death occurred, on the date stated above, at 10 P.M.

P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Delivery

(DURATION) 7 hours DAYS

Contributory (Primary.) Heart-Failure

(DURATION) — DAYS

(Signed) Dr. W. L. Burke M.D.

Address 218. E. Lanvale

Date Aug 6. 1906

Place of Burial New Cathedral Cem

Date Aug 6. 1906

Undertaker Daniel and M. G. Flynn

Address 42. E. Fell St.

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B 92508

166

CERTIFICATE OF DEATH.

(Place of Death.) No. In front of 611 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Schnowski

{ Residence, if in Baltimore, Give Street and Number. } 613 S Bond St.

Duration of Residence in Baltimore. Life 92508

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm. Schnowski

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Tomaszewicz

BIRTHPLACE OF MOTHER (State or country) Czecslovia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Schnowski

Address 611 S Bond

Filed 8/6 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

Jack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 — 1906

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

By being run over and Crushed by Car

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St.

Date Aug 6 — 1906

Place of Burial Holy Rosary

Date Aug 6 1906

Undertaker Jacob Fralkowski

Address 1428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20

Registered No. B 92509

108

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carroll W. Barnes

{Residence, if in Baltimore, Give Street and Number.} 13 Stinson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1885

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll. Md.

FULL NAME OF FATHER: John Barnes

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Charles Barnes

(Address) Westminster Md.

Filed Aug 6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1906 to Aug. 5 1906 that I last saw him alive on Aug. 5, 1906, and that death occurred, on the date stated above, at 11:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 4 DAYS

Contributory (Primary) Intestinal obstruction (DURATION) 5 DAYS

(Signed) G. B. Hayes M.D.

Address University Hospl.

Date Aug. 6, 1906

Place of Burial Westminster

Date Aug 7 1906

Undertaker E. M. Routson

Address 230 E Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B 92510

28

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard L. Brown

{ Residence, if in Baltimore, Give Street and Number. } 212 South Bethel Street 92510

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ...1...

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Brown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Estella [illegible]

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Taylor

(Address) 212 Bethel St

Filed 6 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1906

I HEREBY CERTIFY, That I attended deceased from May 19 1906 to August 5 1906 that I last saw him alive on August 5 1906, and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

...(DURATION) ... DAYS

Contributory (Primary.)

...(DURATION) ... DAYS

(Signed) John McF. Berglund M.D.

Address Johns Hopkins Hospital

Date August 6 1906

Place of Burial Laurel Cem

Date Aug 9 1906

Undertaker Theodore White

Address 1702 Eoagh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92511

Ward 1

Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Williams Wiegmann.

{ Residence, if in Baltimore, Give Street and Number. } 1229-1st St Highland Town Balto-Co

92511

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 23 '99 1900

AGE: 5 years, 8 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Henry F. Wiegmann

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sophia Vogel

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Wiegmann

(Address) 1229 - 1st St.

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4th 1906.

I HEREBY CERTIFY, That I attended deceased from July 30. 1906 to Aug 4th 1906.

that I last saw him alive on Aug 4th 1906.

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Multiple abscesses of liver

(DURATION) ..... DAYS

Contributory (Primary.) Septicaemia.

(DURATION) ..... DAYS

(Signed) H. C. Bradsworth M.D.

Address Johns Hopkins Hospital

Date Aug 4th 1906

Place of Burial Oak Lawn Cem.

Date 8/7/06 190

Undertaker J. Henry & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92512

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 729 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name LeRoy Ritz

{Residence, if in Baltimore, Give Street and Number.} 729 N. Castle st. 92512

Duration of Residence in Baltimore..... Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: August 4 - 1906	
AGE: — years, 5 months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Conrad Ritz	
BIRTHPLACE OF FATHER (State or country): Balto. City	
MAIDEN NAME OF MOTHER: Annie M. Hartung	
BIRTHPLACE OF MOTHER (State or country): Balto. City	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Ritz

(Address) 729 N. Castle st.

Filed 8/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lash

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 - 1906

I HEREBY CERTIFY, That I attended deceased from July 5 - 1906 to Aug. 4 - 1906 that I last saw him alive on Aug. 3 - 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 30 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date August 4 1906.

Place of Burial Trinity Cem.

Date 8/6/06 1906

Undertaker J. Herwig & Son

Address 1008 Aliceanna St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92513

Registered No. B 27

City of Baltimore, (No. 1415 Hollins St St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Oliver C. Sims

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ——— (Month) 1 (Day) — (Year)

AGE: 64 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Emma Sims

(Address) 1415 Hollins St

Filed 8/6 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug: 5 1906 that I last saw him alive on Aug 4 1906, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Acute Tuberculosis

About 3 Month (DURATION) DAYS

Contributory Imperfect Induction

I can only say (DURATION) 25 DAYS

(Signed) C. S. Cullinan M.D.

Aug: 6 1906 (Address) 327 Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Irwin Goochland County Va

DATE OF BURIAL: Aug 6 1906

UNDERTAKER: Wm Cook

ADDRESS: 503 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

Lab.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 92514

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name George Sanders

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life 92514

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 28th 1906

AGE ..... years, 1 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) ~~St.~~ City

FULL NAME OF FATHER (?)

BIRTHPLACE OF FATHER (State or country) (?)

MAIDEN NAME OF MOTHER (?)

BIRTHPLACE OF MOTHER (State or country) (?)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Gorsuch

(Address) 501 - E. 22nd St

Filed 9/6 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

Sadler

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 2nd 1906 to Aug 5th 1906 that I last saw him alive on Aug 4th 1906 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Inanition

(DURATION) 30 DAYS

(Signed) H. S. Gorsuch M.D.

Address 501 - E. 22nd St

Date Aug 5th 1906

Place of Burial New Cathedral

Date Aug 6th 1906

Undertaker Martin Fahey & Sons

Address 204 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 92515

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Armstrong

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life 92515

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 19th 1906

AGE ..... years, ... months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md. Genl Hospital

FULL NAME OF FATHER (?)

BIRTHPLACE OF FATHER (State or country) (?)

MAIDEN NAME OF MOTHER (?)

BIRTHPLACE OF MOTHER (State or country) (?)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr S Gorsuch

(Address) 501-E 22nd St

Filed 8/6 1906 Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug 5th 1906 that I last saw her alive on Aug 4th 1906 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 15 DAYS

Contributory (Primary.) Inanition

(DURATION) 15 DAYS

(Signed) H. S. Gorsuch M.D.

Address 501-E-22nd St

Date Aug. 5th 1906

Place of Burial New Cathedral

Date Aug 6th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B 92516

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Frances Viola Schroeder

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

92516

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 5th 1906

AGE ..... years, ... months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) ~~State~~ City

FULL NAME OF FATHER (?)

BIRTHPLACE OF FATHER (State or country) (?)

MAIDEN NAME OF MOTHER (?)

BIRTHPLACE OF MOTHER (State or country) (?)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Gorsuch

(Address) 501- E. 22nd St

Filed 9/6 1906

Registrar

Zach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to Aug 5th 1906

that I last saw her alive on Aug 4th 1906

and that death occurred, on the date stated above, at 9

X ..... M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) 20 DAYS

Contributory (Primary) Incanition

..... (DURATION) 20 DAYS

(Signed) H S Gorsuch M.D.

Address 501- E- 22nd St.

Date Aug 5th 1906

Place of Burial New Cathedral

Date Aug 6th 1906

Undertaker Martin Bakley & Sons

Address 606 Lafayette Ave

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

92517

Registered No. B 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 S. Paca St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Henry C. Lamph

{Residence, if in Baltimore, Give Street and Number.} 918 S. Paca St.

92517

Duration of Residence in Baltimore. 1st time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 12 1852

AGE: 53 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Lamph

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fredenika Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. C. Lamph

(Address) 918 S. Paca st.

Filed 8 6 1906 HARRY C. ANDREWS Registrar

Clerk PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5, 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to Aug. 5 1906.

that I last saw him alive on Aug. 4 1906

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of liver

(DURATION) One yr. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Lamphkin M.D.

Address 653 Columbia Ave.

Date Aug. 5, 1906

Place of Burial Linden Park Co

Date August 7 1906

Undertaker Jos. Joerdens, Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21

92518

Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Wheeler

{Residence, if in Baltimore, Give Street and Number.} 607 Campbell St

Duration of Residence in Baltimore. Life 92518

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24 1905

AGE: 1 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Samuel Wheeler

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Emma Bowersox

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Wheeler

(Address) 607 Campbell St.

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 5 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to Aug 4 1906 that I last saw him alive on Aug 4 1906, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 20 DAYS

Contributory (Primary.) General Oedema and Convulsions (DURATION) 8 hours ~~DAYS~~

(Signed) Jos. E. Muse M.D.

Address 355 Columbia Ave

Date Aug 5 1906

Place of Burial London Park Cem

Date Aug 7th 1906

Undertaker James Dignan & Son

Address 759 W. Hamburg St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. B 92519

29

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Russell Keating

{Residence, if in Baltimore, Give Street and Number.} 1526. Baker St

92519

Duration of Residence in Baltimore. 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1898

AGE: 8 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas J. Keating

BIRTHPLACE OF FATHER (State or country): Harford County Md.

MAIDEN NAME OF MOTHER: Clara M Keating

BIRTHPLACE OF MOTHER (State or country): Harford County Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara M Keating

(Address) 1526 Baker St

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5. 1906

I HEREBY CERTIFY, That I attended deceased from March 30 1904 to Aug 5 1906.

that I last saw him alive on Aug 4 1906,

and that death occurred, on the date stated above, at 9.20 a. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Peritonitis. (Probably never had a positive culture - though I had several opinions -

(DURATION) 20 DAYS

Contributory (Primary.) Chronic Malaria and Anemia (DURATION) 18 ~~mos~~ DAYS

(Signed) Geo C Shannon M.D.

Address 1442 Pressman St

Date Aug 6th, 1906

Place of Burial New Cathedral

Date Aug - 7 - 1906

Undertaker W. M. Gaulthrop

Address 901. W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92520

Ward C. 7. H. Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Susan Kenny

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum 92520

Duration of Residence in Baltimore. Fifty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF Lemar Hollyday, Supt.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 8/6 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Fab.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug. 2 1906 that I last saw h[illegible] alive on Aug 2 1906, and that death occurred, on the date stated above, at 4:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Arterio sclerosis

(DURATION) DAYS

(Signed) H. McManus Jr. M.D.

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL AUG 3 - 1906

Date 190

Undertaker William H. Woodall

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 92521

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Lamm

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum 92521

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lam[illegible]

(Address) BAY VIEW ASYLUM.

Died 6 1906

Registrar

Lamb

215.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1906

I HEREBY CERTIFY, That I attended deceased from 9-30- 1906 to Aug 2 1906

that I last saw him alive on Aug 2nd 1906,

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Amoebic Dysentary

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M Mawson Lee M.D.

Address Bay View Asylum

Date Aug 2nd 1906

Place of Burial

Date 190

Undertaker William H Woodus

Address 1811 Aiken St

JOHNS HOPKINS HOSPITAL
AUG 3 - 1906
PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92522

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92522

Registered No. B.....

City of Baltimore, (No. 2603 Francis St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Harper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1906 (Year)

AGE: ——— years, ——— months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Balto City.

FULL NAME OF FATHER: Emory Harper

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eva Smith

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Harper.

(Address) 2603 Francis St

Filed 8/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to Aug 3 1906

that I last saw him alive on Aug 1 1906,

and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Premature Birth 7 months

(DURATION) 18 DAYS

Contributory ———

Weakness (DURATION) 18 DAYS

(Signed) Thomas J. Talbot M. D.

Aug 3 1906 (Address) 2505 Pennsylvania

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
[illegible]	Aug 3 1906
UNDERTAKER	ADDRESS
Commissioner Health.	Health Department

WM. J. C. DULANY CO., BALTIMORE.

2151

Ward 9

Registered No. B 92523

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium, Mt. Wilson. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benzamin Larkins

{Residence, if in Baltimore, Give Street and Number.} 1729 Harford Ave. 92523

Duration of Residence in Baltimore. 3 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 1. 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 1 1906 that I last saw him alive on Aug 1. 1906, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-Colitis.
(Hemmorage)

one month. (DURATION) — DAYS

Contributory (Primary) Ileo Colitis

one month. (DURATION) — DAYS

(Signed) Henry Whittle. M.D.

Address Mt Wilson. Md.

Date August 4. 1906

Place of Burial COLLEGE OF P. & S.

AUG 1 1906

Date 190

Undertaker

Address Health Department.

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

216

215

Ward 14

Registered No. B 92524 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J Coffay

{ Residence, if in Baltimore, Give Street and Number. } 1410 Argyle Ave 92524

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH April 18th 1906

AGE — years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Coffay

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Kelly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Coffay

(Address) 1410 Argyle Ave

Filed 8/6 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lott

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to Aug 5th 1906 that I last saw h in alive on Aug 5th 1906, and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Meningitis
Convulsions & Asthenia

1 (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Aug 6th 1906

Place of Burial New Cathedral

Date Aug 6th 1906

Undertaker H. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. B 92525

77

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 Elsworth [redacted], St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos. Elmer Hammel

{ Residence, if in Baltimore, Give Street and Number. } 2013 Elsworth [redacted], St.

Duration of Residence in Baltimore. Life time

B 92525

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH March 27 1895

AGE 11 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob B. Hammel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary J. Hook.

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob B. Hammel

(Address) 1713 Jefferson St.

Filed Aug 6 1906

EGH

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 4 1906 that I last saw h[illegible] alive on Aug 4 1906, and that death occurred, on the date stated above, at 12.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Failing Heart

(DURATION) 3 DAYS

Contributory (Primary) Pneumonitis (DURATION) 10 DAYS

(Signed) Geo F Layton M.D.

Address 1254 N. Bond

Date 190

Place of Burial Mt Olivet Cty.

Date Aug 7th 1906.

Undertaker Liston P. Trocellaer

Address 510 N Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B 92526

CERTIFICATE OF DEATH.

(Place of Death.) No. 2033 W. Lanvale St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mrs Annie M. Nicholson

{ Residence, if in Baltimore, Give Street and Number. } atorn

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 3 — 1856

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: Robt White

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Martha McFarland

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Mosten

(Address) 2033 W Lanvale

Filed 8/6 1906

Talk

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Aug 1906

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 2:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, Suppression by Heart, sick only 20 minutes

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) J. D. Lehtart M.D.

Address 211 W. Lanvale

Date Aug 6th 1906

Place of Burial Philadelphia Pa

Date Aug 7 190...

Undertaker Chas J Turner

Address 1 Essex Place

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92527

39

CERTIFICATE OF DEATH.

Place of Death.) No. Johns. Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Frederick. Abt.

{ Residence, if in Baltimore, Give Street and Number. } 2303. Donohue. Court

92527

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH abt 10 - 1862

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Abt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christiana Abt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Abt.

(Address) 2303 Donohue Ct.

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2d 1906 to Aug 5th 1906 that I last saw h im alive on Aug 5th 1906, and that death occurred, on the date stated above, at 7.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of pelvis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Bergland M.D.

Address Johns. Hopkins Hospital

Date Aug 5th 1906

Place of Burial McCarren

Date Aug 7 1906

Undertaker Robt J Turner

Address 1900 Bway Fdlwn

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 92528 Registered No. B 92528

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Pruchnewska

{ Residence, if in Baltimore, Give Street and Number. } 702 S Dallas HELENA PRUCHNEWSKA

Duration of Residence in Baltimore. Lf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 8 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Pruchnewska

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) L Pruchnewska

(Address) 702 S Dallas St

Filed Aug 7th 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 6 1906 that I last saw h alive on Aug 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Fever.

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O. L. Blades M.D.

Address 124 Jackson

Date 190

Place of Burial St Mary

Date Aug 7 190 6

Undertaker Wenzell-Dupuis

Address 330 E Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 92529 — Registered No. B 92529

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry Thomas

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 6th 1906

AGE: \ years, 3 months, \ days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): University Hospital

FULL NAME OF FATHER: ? / /

BIRTHPLACE OF FATHER (State or country): ? / /

MAIDEN NAME OF MOTHER: ? / /

BIRTHPLACE OF MOTHER (State or country): ? / /

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Branch

(Address) 501 - E. 22nd St

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 25th 1906 to August 6 1906 that I last saw him alive on August 5 1906 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.) Inanition (DURATION) 20 DAYS

(Signed) H. S. Branch M.D.

Address 501 - E. 22nd St

Date August 6th 1906

Place of Burial New Cathedral

Date Aug 7th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 92530 — Registered No. B 92530

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Carpenter

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 6th 1906

AGE: ..... years, 1 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ? ? City

FULL NAME OF FATHER: ? ?

BIRTHPLACE OF FATHER (State or country): ? ?

MAIDEN NAME OF MOTHER: ? ?

BIRTHPLACE OF MOTHER (State or country): ? ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Schwenke

(Address) 501-E-22nd St

Filed

Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to August 6 1906 that I last saw h[illegible] alive on August 5 1906 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Inanition (DURATION) 30 DAYS

(Signed) H. Schwenke M.D.

Address 501-E-22nd St

Date August 6th 1906

Place of Burial New Cathedral

Date Aug 7th 190[illegible]

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 92531 — Registered No. B 92531

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Wilson

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 1906

AGE: ..... years, 2 months, 9 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): ~~St~~ City

FULL NAME OF FATHER: ? ?

BIRTHPLACE OF FATHER (State or country): ? ?

MAIDEN NAME OF MOTHER: ? ?

BIRTHPLACE OF MOTHER (State or country): ? ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Grouch

(Address) 501 E - 22nd St

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6th 1906

I HEREBY CERTIFY, That I attended deceased from May 28 1906 to August 6 1906

that I last saw her alive on August 5 1906

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Inanition (DURATION) 30 DAYS

(Signed) H S Grouch M.D.

Address 501 - E - 22nd St

Date August 6th 1906

Place of Burial New Cathedral

Date Aug 7th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

Ward 14 — 92532 — Registered No. B 92532

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Noble

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH August 6th 1906

AGE ..... years, 1 months, 20 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. K. Sherrock

(Address) 501 - E. 22nd St

Filed Aug 7 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to August 6 1906

that I last saw her alive on August 5 1906

and that death occurred, on the date stated above, at 7

~~A~~ M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 16 DAYS

Contributory (Primary.) Jaundice (DURATION) 16 DAYS

(Signed) D. K. Sherrock M.D.

Address 501 - E. 22nd St

Date August 6 - 1906

Place of Burial New Cathedral

Date Aug 7th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B 92533

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Fremont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Armstrong

{ Residence, if in Baltimore, Give Street and Number. } 227 Fremont S. Ave 92533

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Not Known 1

AGE: about 28. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Francis Armstrong

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary A. Dean

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Morgan

(Address) 1300 S. Charles St.

Filed 8/7 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 4 1906 that I last saw h-m alive on Aug. 4 1906, and that death occurred, on the date stated above, at 7.13 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Alcoholism, ... (DURATION) ..... DAYS

(Signed) Edw. Grumpler M.D.

Address 517 Scott St.

Date Aug. 7 1906

Place of Burial Mount Olivet Cemetery

Date August 7 1906 190

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 92554

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 Jefferson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Wm R Windsor

{Residence, if in Baltimore, Give Street and Number.} 802 Jefferson St Waverly

Duration of Residence in Baltimore. 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Windsor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Windsor

(Address) Clarksburg Md

Filed 8/7 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 6 1906 that I last saw him alive on Aug 6 1906 and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

about 2 years (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Stubblefield M.D.

Address 811 Gorsuch Ave

Date Aug 7th 1906.

Place of Burial Clarksburg Montgomery Co Md

Date Aug 7 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92535
13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92535

Registered No. B.....

City of Baltimore, (No. 2015, Cape St St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Delaus Blake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: July 4th 1846 (Month) (Day) (Year)

AGE: 61 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Titus Blake

BIRTHPLACE OF FATHER (State or country): Calvert Co-Md.

MAIDEN NAME OF MOTHER: Mary Flint

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dennis

(Address) .....

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 5th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to Aug 5th 1906 that I last saw h.. alive on Aug 5th 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. M. Gabriel M. D.

Aug 8th 1906 (Address) 2402 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Pisgah Cem	Aug 6 1906
UNDERTAKER	ADDRESS
Wm J Johnson	1400 Eastern

Laid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 Registered No. B 92536

CERTIFICATE OF DEATH.

(Place of Death.) No. 1154 N Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Arthur

{ Residence, if in Baltimore, Give Street and Number. } 1154 N Hamburg st.

Duration of Residence in Baltimore. Life 92536

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24 1902

AGE: 4 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James H Arthur

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clara Hackl

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Arthur

(Address) 1154 N Hamburg.

Filed Aug 6 1906 MARY O. ADELSON PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 6 1906 that I last saw her alive on Aug 6 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) 6 DAYS

Contributory (Primary) Acute Nephritis & Coma (DURATION) DAYS

(Signed) J. E. Muse M.D.

Address 853 Columbia Ave

Date Aug 7 1906

Place of Burial Loudon Park

Date Aug 7 1906

Undertaker Fox Dyer

Address 1600 N Harth Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward.....

Registered No. B 92537

CERTIFICATE OF DEATH.

(Place of Death.) No. Loudon Park St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Paske

{Residence, if in Baltimore, Give Street and Number.} 662 N Franklin

92537.

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 26 Nov 1873.

AGE 33 years, ~ months, ~ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Herman F. Paske

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magaret Wittpen.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Feldmann. Jr.

(Address) 662 N. Franklin St.

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from ~ 190 ~ to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Duodenal ulcer

Contributory (Primary) Sepsis (DURATION) 2 DAYS

(DURATION) DAYS

(Signed) C. Francis Jones M.D.

Address 1 Eutaw

Date Aug 5 1906

Place of Burial Loudon Park Cem.

Date Aug: 7th 1906

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the ***cause and date of death***, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

92538

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92538

Registered No. B.....

City of Baltimore, (No. 1228, Hare St.; 14th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Lemark Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Aug 6 1906 (Month) (Day) (Year)

AGE ..... years, ... months, about 3 hours days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 1228 Hare St

FULL NAME OF FATHER Joseph Lemark

BIRTHPLACE OF FATHER (State or country) Austin Hungary

MAIDEN NAME OF MOTHER Mary Kusma

BIRTHPLACE OF MOTHER (State or country) Austin Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Lemark Father

(Address) 1228 Hare St

Filed Aug 6 1906

HARRY C. ANDREAS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 6 1906

that I last saw h in alive on " " 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Premature Birth

about 6 hours

.....(DURATION) ..... DAYS

Contributory —

.....(DURATION) ..... DAYS

(Signed) .....M. D.

Aug 6 1906 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: H Wilkinsons | DATE OF BURIAL: Aug 7 1906

UNDERTAKER: Frank Grach | ADDRESS: 19 Hartland Ave

WM. J. C. DULANY CO., BALTIMORE.

Lab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92539

City of Baltimore, (No. 1225 W. Saratoga St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian F. Velker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 24 (Day) 1867 (Year)

AGE: 39 years, 1 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Wm F. Dabb

BIRTHPLACE OF FATHER (State or country): ~~D C~~ Va

MAIDEN NAME OF MOTHER: Ellen B. Burdette

BIRTHPLACE OF MOTHER (State or country): D C

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. C. Velker

(Address) 1225 W. Saratoga St

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 4th (Month) 4th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 12th 1906 to Aug 4 1906

that I last saw h~~er~~ alive on Aug 3 1906

and that death occurred, on the date stated above, at 3 45 PM

M. The CAUSE OF DEATH was as follows:

Cancer of the Liver

(DURATION) 1204 DAYS

Contributory (DURATION) DAYS

(Signed) J. D. Mons M. D.

190 (Address) 1221 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Aug 7 1906
UNDERTAKER	ADDRESS
Jas B Cook	1003 N Balto

Lach

Transcript

Ward 20 — Registered No. B 92540

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E. Waterworth.

{Residence, if in Baltimore, Give Street and Number.} 1905 Frederick Ave 92540

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 18 1906

AGE — years, 5 months, 20 days

SINGLE, ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry T. Haterworth

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mattie Mabbett

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry T. Haterworth

(Address) 1905 Frederick Ave

Filed Aug 6 1906

Lock — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7. 1906

I HEREBY CERTIFY, That I attended deceased from July 31. 1906 to Aug 7. 1906 that I last saw her alive on Aug 6 1906 and that death occurred, on the date stated above, at 2.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 ~~Years~~ DAYS

Contributory (Primary.) Dysentery

(DURATION) 7 DAYS

(Signed) B. F. Nelson M.D.

Address 1735 Aliceanna St

Date Aug 7. 1906

Place of Burial Western

Date Aug 7. 1906

Undertaker J. B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

BARRY C. ANDREWS, PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92541

Registered No. B.....

City of Baltimore, (No. 865 W. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel G. Keenan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: — (Month) — (Day) 1833. (Year)

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Dennis Keenan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Mary Keenan

(Address) 865 W. Lexington St

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Lark

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 6th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1, 1906 to Aug 6, 1906 that I last saw him alive on July 6 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) — DAYS

Contributory .....

(DURATION) — DAYS

(Signed) MacNeill M. D.

Aug 6 1906 (Address) 1315 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters | DATE OF BURIAL: Aug 9 1906

UNDERTAKER: Jas B Cook | ADDRESS: 1103 Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92542

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92542

City of Baltimore, (No. 2847 W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Filbert

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May (Month) 24 (Day) 1826 (Year)

AGE 80 years, 2 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bavaria Germany

FULL NAME OF FATHER Andrew Filbert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Gertrude —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Filbert

(Address) 2847 W. Lanvale St.

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Lark

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 6th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Aug 6th 1906 that I last saw h in alive on Aug 5th 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Acute Gastro Enteritis

(DURATION) 12 DAYS

Contributory old age

(DURATION) DAYS

(Signed) H K Grossedale M. D.

Aug 7 1906 (Address) 207 N. Liberty St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto Cem. | DATE OF BURIAL Aug 8 1906

UNDERTAKER J R Bedwell | ADDRESS 1003 E Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92543

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92543

Registered No. B.....

City of Baltimore, (No. 3617 Springdale Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Lenz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. (Month) 23 (Day) 1835 (Year)

AGE: 71 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Wm. Lenz.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired Storekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Lieflegt

(Address) 3617 Springdale Ave

Filed Aug 6 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Lach

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 5 1906

that I last saw h.. alive on Aug. 1906.

and that death occurred, on the date stated above, at 9—30 P. M. The CAUSE OF DEATH was as follows:

Softening of Brain & Paralysis. Has been sick about 2 years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A B Giles M. D.

Aug 6 1906 (Address) Lower Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 6 1906

UNDERTAKER: J. R. Bloom — ADDRESS: 1103 W. Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92544

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 McDonogh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Barnes

{Residence, if in Baltimore, Give Street and Number.} above

92544

Duration of Residence in Baltimore. 13 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 910 McDonogh St.

Filed 8/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

(My child 4 mos.) was attended by Dr White (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. D. Elliott Coroner M.D.

Address 211 W. Lanvale

Date Aug 6th 1906

Place of Burial Laurel

Date Aug 7th — 1906

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92545

City of Baltimore, (No. 2800, W. North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth W. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 26 June (Month) Thursday (Day) 1904 (Year)

AGE: 2 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry W Smith

BIRTHPLACE OF FATHER (State or country): Norfolk Va

MAIDEN NAME OF MOTHER: Ruth E Hardy

BIRTHPLACE OF MOTHER (State or country): Portsmouth Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Smith

(Address) 2800 W. North Ave

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 7" (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Aug. 7" 1906 that I last saw h.r alive on Aug. 7" 1906, and that death occurred, on the date stated above, at 5-30 a.m. The CAUSE OF DEATH was as follows:

Gastro-enteritis

(DURATION) 7 DAYS

Contributory Whooping-cough

3 wks (DURATION) DAYS

(Signed) O Edward Janney M. D.

Aug 7th 1906 (Address) at Robinson's 7 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Portsmouth Va — DATE OF BURIAL: Aug 8 1906

UNDERTAKER: John Burns & Son — ADDRESS: Town ave

WM. J. C. DULANY CO., BALTIMORE.

Fair

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92546
105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92546

City of Baltimore, (No. 1136 Palmer al St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emory Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: January (Month) 16 (Day) 1906 (Year)

AGE: ..... years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Henry Hall

BIRTHPLACE OF FATHER (State or country): West River Md.

MAIDEN NAME OF MOTHER: Eleanore Hammond

BIRTHPLACE OF MOTHER (State or country): South River Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Hall (aunt)

(Address) 1136 Palmer al

Filed 8 6 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug. 3 1906 that I last saw h[im] alive on Aug. 3 1906, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

The child has had Gastro-enteritis for 2 or 3 weeks, has wasted considerably, and had symptoms of Tuberculosis (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Wm. A. Holmes M. D.

Aug. 6 1906 (Address) 1711 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death: Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Aug 7 1906

UNDERTAKER: A. S. Marshall — ADDRESS: 1539 Fall Ave

WM. J. C. DULANY CO., BALTIMORE.

Lack

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92547

CERTIFICATE OF DEATH.

(Place of Death.) No. 2410 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angelina DiPetri

{Residence, if in Baltimore, Give Street and Number.} 2410 E Madison street

Duration of Residence in Baltimore. 5 years. 92547

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Philadelph

FULL NAME OF FATHER: Cesidio DiPetri

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Laura DiTomo

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph D E Petris

(Address) 2410 E Madison

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6th August 190

I HEREBY CERTIFY, That I attended deceased from January 1902 to 5th august 1906 that I last saw h er alive on 6th augus 1906, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

Lifetime (DURATION) ~ DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) Joseph Barrano M.D.

Address 204 N. Green street

Date 6 august 1906

Place of Burial St Vincents Cemetery

Date Aug 7 1906

Undertaker Edward D Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 92548

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry King —

{ Residence, if in Baltimore, Give Street and Number. } 509 N. Paca St.

92548

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 2nd 1841

AGE 65 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER John King

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Katie Hofnagel

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry King.

(Address) 509 N. Paca St.

Filed 8/6 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Faik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 — 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 5 1906

that I last saw h— alive on " 1906 ",

and that death occurred, on the date stated above, at 3 a —M. CAUSE OF DEATH (Secondary or Immediate)

Sub Acute Nephritis

(Suppressio Urinae)

9 mos. (DURATION) DAYS

Contributory (Primary.) Cardiac failure

24 hr (DURATION) DAYS

(Signed) H C Bruce M.D.

Address 1713 Park Ave

Date Aug 6 — 06 1906

Place of Burial Mt. Carmel

Date Aug 7 " 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92549

CERTIFICATE OF DEATH.

(Place of Death.) No. Marine Hospital, Baltimore, Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Smith

{ Residence, if in Baltimore, Give Street and Number. } Not Known

92549

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Negro
DATE OF BIRTH	Not Known
AGE	23 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Virginia.
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Do.
MAIDEN NAME OF MOTHER	Do.
BIRTHPLACE OF MOTHER (State or country)	Do.
OCCUPATION OF DECEASED	Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Stansfield

(Address) Marine Hospital, Baltimore, Md.

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6 1906.

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to Aug. 6 1906 that I last saw him alive on Aug. 6 1906, and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercle of peritoneum

Not Known (DURATION) — DAYS

Contributory (Primary.) — (DURATION) — DAYS

(Signed) H. A. Stansfield M.D.

Address Marine Hospital, Baltimore, Md.

Date August 6 1906.

Place of Burial Aug 7th 1906 at Laurel Cemetery

Date 190

Undertaker J. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92550

Registered No. B .....

City of Baltimore, (No. Home aged M. E. C. Fulton ave St.; ..... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Mary Jane Burrell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 30 (Day) 1830 (Year)

AGE 75 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Prince Georges Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Anne arundel Co Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Anne arundel Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. E. Creighton

(Address) Fulton ave & Saratoga

Filed Aug 6 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 6 1906 that I last saw h.. alive on Aug 5 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Softening of Brain

..... (DURATION) ..... DAYS

Contributory age

..... (DURATION) ..... DAYS

(Signed) Clarence Nichols M. D.

Aug 7 1906 (Address) 1439 E Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL aug 8 1906

UNDERTAKER Geo J Smith & Co | ADDRESS 1100 N Fayette St

Laid Dr

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92551

Registered No. B

City of Baltimore, (No. 34 S. High St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goldie Krown

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July (Month) 6 (Day) 1905 (Year)

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Krown.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rose augustina

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Krown

Address 34 S High St

Filed 8/6 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK

Last

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 7. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 6 1906, that I last saw h[illegible] alive on Aug 6 1906, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Entero - Colitis

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) M. Yorselman M. D.

Aug 7. 1906 (Address) 900 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Ashley L. Roosdale

DATE OF BURIAL Aug 7, 1906

UNDERTAKER Max Levinson

ADDRESS 1138 Lowe St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

92552

Ward 15

Registered No. B 92552

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 Vincent Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Edward Meade

{Residence, if in Baltimore, Give Street and Number.} 1436 Vincent al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Oct 11 1874

AGE 31 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy E. Meade wife

(Address) 620 Carlton St

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to Aug 6 1906

that I last saw h[illegible] alive on Aug 5 1906

and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

(DURATION) 30 DAYS

Con'ributory (Primary.) Hemorrhage (DURATION) 1 DAY

(Signed) T. S. Daughtry M.D.

Address 2506 Pennsylvania Ave

Date Balto Aug 6 1906

Place of Burial Mt Auburn Cem

Date Aug 8th 1906

Undertaker Sam'l H. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92553

Ward 9 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Loving Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Lemmerman

{Residence, if in Baltimore, Give Street and Number.} 1401 Irving Place 92553

Duration of Residence in Baltimore. 6yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Sept 15 1881

AGE 25 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER John Lemmerman

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Appy

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Granite Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lemmerman

(Address) 1401 Irving Pl.

Filed Aug 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6, 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Aug 6 1906

that I last saw h-- alive on Aug 6 1906

and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation

Peritonitis =

(DURATION) 6 DAYS

Con'ributory (Primary.) Typhoid Fever

(DURATION) 16 DAYS

(Signed) T L Howard M.D.

Address 734 W Fayette St

Date Aug 6 1906

Place of Burial Western Cemetery

Date Aug 8 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92554

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 S. Milton Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Rev. Jachelski

{Residence, if in Baltimore, Give Street and Number.} 821 S. Milton Ave.

92554

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 27 1906

AGE: ..... years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Michael Jachelski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Spirz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Jachelski

(Address) 821 S. Milton Ave

Filed 8/6 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 6 1906

that I last saw him alive on " 6 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

1 (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) C. S. Neer M.D.

Address 619 S Patterson Ave

Date Aug 7 - 1906

Place of Burial St Stanislaus

Date Wednesday Aug 8 " 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 Registered No. B 92555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1550 Pennington Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Burns

{Residence, if in Baltimore, Give Street and Number.} 1550 Pennington Place

92555

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Luke Lavin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luke Burns

(Address) 1550 Pennington Pl

Filed 8/6 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th. 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 6th 1906

that I last saw her alive on Aug 5th 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heat and Senility

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Debility

(DURATION) 9 DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman Pl

Date Aug 7th 1906

Place of Burial New Cathedral

Date Aug 8th 1906

Undertaker M. Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 92556

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Sinai Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas A. Tilyard

{ Residence, if in Baltimore, Give Street and Number. } 814 Edmondson Av

Duration of Residence in Baltimore. Life

92556

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 26 1860

AGE: 45 years, 7 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Alfred H Tilyard

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary A Brown

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S Tilyard

(Address) 814 Edmondson av

Filed 8/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 7th 1906

that I last saw h alive on Aug 7th 1906,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Poisoning Catheter White

Softening Brain

Melancholia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) J. D. Gilbert M.D.

Address 211 N. Lanvale Coroner

Date Aug 7th 1906

Place of Burial Mt Olivet

Date Aug 9 1906

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 92557

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Goodhues

{Residence, if in Baltimore, Give Street and Number.} above 92557.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Barond J. Goodhues

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. J. Goodhues

(Address) 116 N. Washington St

Filed Aug 16 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate) Convulsions Cadaveric Subjirt A Bm.

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 W. Lanvale

Date Aug 6th 1906

Place of Burial Bonnie Brae

Date Aug 8 1906

Undertaker Wendell Dyer & Co

Address 3308 Bond 2015

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

92558

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Andrew J. Griffen.

{Residence, if in Baltimore, Give Street and Number.} Govanstown Md

Duration of Residence in Baltimore. 5

92558

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	76 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	———
BIRTHPLACE OF FATHER (State or country)	———
MAIDEN NAME OF MOTHER	———
BIRTHPLACE OF MOTHER (State or country)	———
OCCUPATION OF DECEASED	Coach maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Thomson

(Address) 224 Lowden Ave

Filed 8/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	August 7 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 7 1906

that I last saw h alive on Aug 7 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D

Address Johns Hopkins Hospital

Date Aug 7 1906

Place of Burial Lowden Park

Date Thursday Aug 9 1906

Undertaker Wm Cook

Address 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. B 92559

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Vincent

{Residence, if in Baltimore, Give Street and Number.} # 1716 Lancaster St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 30 1904

AGE 1 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Bc Cold Spring Lex

FULL NAME OF FATHER Mathew Vincent

BIRTHPLACE OF FATHER (State or country) Austria Galicia

MAIDEN NAME OF MOTHER Mary Riedka

BIRTHPLACE OF MOTHER (State or country) Austria Galicia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mathew Vincent

(Address) 1716 Lancaster St.

Filed Aug 8th 1906 Registrar

C. F. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 6 1906

that I last saw him alive on Aug 6 1906,

and that death occurred, on the date stated above, at 11½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address # 709 Alice Anna St

Date Aug. 7th, 1906.

Place of Burial St Stanislaus

Date Aug. 8th 1906

Undertaker Jacob Tiaskowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B92560

City of Baltimore, (No. 458 Wilkage St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Henry

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 29 1828.
(Month) (Day) (Year)

AGE 78 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Timothy Killeen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Commons

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Moran

(Address) 438 Wilkage St

Filed Aug 7 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 6 1906 that I last saw her alive on Aug 5 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ..... DAYS

Contributory Drowsiness

(DURATION) 10 DAYS

(Signed) George L. Dreaner M. D.

8 6 1906 (Address) 721 N Gutherst

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL St Patricks Cem

DATE OF BURIAL Aug 8 1906

UNDERTAKER Daniel and Morgans

ADDRESS Elgin 42 E Fed St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92561 — Registered No. B 92561

CERTIFICATE OF DEATH.

(Place of Death.) No. 932 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Balti-

Full Name J. Wilbur Hoff Sr.

{ Residence, if in Baltimore, Give Street and Number. } 932 N. Fulton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1847

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jacob Hoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Adeline Whitney

BIRTHPLACE OF MOTHER (State or country) Mass.

OCCUPATION OF DECEASED Ex Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Hoff Jr.

(Address) 932 N. Fulton Ave.

Filed Aug 8th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1906

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to August 5 1906 that I last saw him alive on August 4 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease, mitral insuff. & double hydrothorax

(DURATION) 4 days

Contributory (Primary.) Congestion of lungs (DURATION) 10 DAYS

(Signed) Julius Friedenwald M.D.

Address 7 W. Franklin

Date August 7 1906

Place of Burial Mt. Lebanon Cem.

Date August 8 1906

Undertaker John A. Wagner

Address 223 N. Broadway

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 92562

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 Bath St- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Grimage.

{Residence, if in Baltimore, Give Street and Number.} 203 Bath St-

Duration of Residence in Baltimore. Life time -

PERSONAL AND STATISTICAL PARTICULARS

SEX F- | COLOR W 6

DATE OF BIRTH 1881

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) City -

FULL NAME OF FATHER Ernest Hitchens

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Henrietta Perkins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Johnson

(Address) 402 Davis st.

Filed Aug 8th 1906 — Registrar E. S. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 — 6 1906

I HEREBY CERTIFY, That I attended deceased from 8 — 6 1906 to 8 — 5 — 1906 that I last saw h[illegible] alive on 8 — 5 — 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's disease + Malaria — (attended to by Dr. L. G. Welch now on vacation) (DURATION) 9 DAYS

Contributory (Primary.) Uremic Convulsions - (DURATION) 2 DAYS

(Signed) S. Smarcd. M.D.

Address 1604 Linden ave.

Date 8 — 7 — 1906

Place of Burial St Peters

Date July 8 - 1906

Undertaker R. St. Gallick

Address 566 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92563 Registered No. B 92563

176

CERTIFICATE OF DEATH.

(Place of Death.) No. W. Gnl. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Kicizinski

{Residence, if in Baltimore, Give Street and Number.} Hamm Pl.

Duration of Residence in Baltimore. Short time

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1876	
AGE: 30 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 532 S. Paca St

Filed Aug 7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5-

P. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture of bowel, caused by a fall, while at work at Hamm Pl. an accident, on Aug 2d. 06 (DURATION) — DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) J. D. Ghrist Coroner M.D.

Address 211 W. Lanvale

Date Aug 6th 1906

Place of Burial, St. Stanislaus Cem

Date Aug 8th 1906

Undertaker N. J. Kenick Armstrong & Lamy Co

Address 715 Light St 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92564

Ward 12

Registered No. B 92564

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Akalitis

{ Residence, if in Baltimore, Give Street and Number. } 532 S. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 29 1905

AGE — years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Peter Akalitis

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Eva Twodimbiute

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 532 S. Paca St.

Filed

Aug 7 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7th 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to July 18 1906 that I last saw h[illegible] alive on July 18 1906 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 27 DAYS

Contributory (Primary) Intemperance

Feeding & Hot weather

(DURATION) — DAYS

(Signed) C. L. Truckola M.D.

Address 532 S. Paca St

Date Aug 7th 1906

Place of Burial St. Stanislaus Cem

Date Aug 8 1906

Undertaker N. S. Fuik

Address 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92565

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92565

City of Baltimore, (No. 109 Rogers Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Magie Courter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Girl Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 109 Rogers Ave

FULL NAME OF FATHER: Frank Courter

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Nellie James

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie James

(Address) 109 Rogers Ave

Filed Aug 8 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 6 1906

that I last saw h-er alive on 1906,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Cholera Morbus

One Week (DURATION) ..... DAYS

Contributory exhaustion

..... (DURATION) ..... DAYS

(Signed) A. J. Freedom M. D.

Aug 6 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Aug 8 1906

UNDERTAKER: Robert A. Elliott | ADDRESS: 526 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

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92566

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92566

City of Baltimore, (No. Division St 2147 St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: [illegible] (Month) 1 (Day) Year)

AGE: ..... years, 7 [illegible] months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Enna Thompson

BIRTHPLACE OF FATHER (State or country): Balto. md

MAIDEN NAME OF MOTHER: Mary Mason

BIRTHPLACE OF MOTHER (State or country): Saint mary's Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary mason

(Address) 2147 Division st

Filed: Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1906 to Aug 7 1906 that I last saw her alive on Aug 7 1906, and that death occurred, on the date stated above, at 7.50 M. The CAUSE OF DEATH was as follows:

Summer Complaint

2 weeks (DURATION) ..... DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) A. T. Vondelehr M. D.

Aug. 6 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters Cemetry | DATE OF BURIAL: Aug 8 1906

UNDERTAKER: R. N. Gillett | ADDRESS: 506 Royer

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92567

City of Baltimore, (No. 734 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March (Month) (Day) 1906 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rufus Williams

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Daisy Tucker

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Washington

(Address) 734 Bradley St

Filed Aug 8 1906 Registrar

HCW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 7 1906 that I last saw him alive on Aug 7 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 5 DAYS

Contributory +

(DURATION) + DAYS

(Signed) + Jas Williams M. D.

Aug 7 1906 (Address) 701 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Aug 8 1906

UNDERTAKER: Edw B. Pyz | ADDRESS: 1020 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 7

92568

Registered No. B 92568

84

CERTIFICATE OF DEATH.

(Place of Death.) No. 2423 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Meyer

{Residence, if in Baltimore, Give Street and Number.} 2423 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Nov 3 1899

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Chas Meyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Grau

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Beer.

(Address) 2423 E. Monument st

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from May 7 1906 to July 30 1906

that I last saw h.. alive on July 30 1906.

and that death occurred, on the date stated above, at 6 30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Ulcerative Bronchitis + Laryngitis Ulcerative

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm T. Catbell M.D.

Address 1308 N Charles st

Date Aug 7th 1906

Place of Burial Baltimore Cemetery

Date August 9th 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

92569

Ward 24

Registered No. B 92569

CERTIFICATE OF DEATH.

(Place of Death.) No. S. S. Neeb St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Krüger Paul. (Paul Kruger

{ Residence, if in Baltimore, Give Street and Number. } S. S. Neeb

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX m. | COLOR w.

DATE OF BIRTH Aug. 5 1880

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schuh macher. Gie.

(Address) Baltimore.

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8th of August 1906

I HEREBY CERTIFY, That I attended deceased from 6th of August 1906 to 8th of August 1906

that I last saw him alive on 8th of Aug. 1906

and that death occurred, on the date stated above, at 8 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage of the mach.

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) H. Edward Shaw M.D.

Address S. S. Neeb

Date 8 August 1906

Place of Burial St. Evangelic

Date Aug. 8th 1906

Undertaker H. Staudt & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 4 — 92570 — Registered No. B 92570

187

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~2047~~ City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Prudek

{Residence, if in Baltimore, Give Street and Number.} 504 N. Chapel

Duration of Residence in Baltimore. 16 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Thomas Prucha

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER C

BIRTHPLACE OF MOTHER (State or country) C

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Prudek

(Address) 504 Chapel st

Filed Aug 8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 7 1906

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) DAYS

Contributory (Primary.) Abortion

(Accidental) (DURATION) DAYS

(Signed) Benj S Hayden M.D.

Address 1062 Eutaw st

Date Aug 8 1906

Place of Burial St Alphonsus

Date Aug 9 1906

Undertaker Frank Brack

Address 1804 Bolton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

~~92571~~

Ward 14

Registered No. B 92571

74

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie McGootey

{ Residence, if in Baltimore, Give Street and Number. } 24 N. Poppleton St.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael McGootey

(Address) 24 N. Poppleton St

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 7 1906

that I last saw her alive on Aug. 7 1906,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Multiple Neuritis (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date Aug. 7 1906

Place of Burial St. Peters Cem

Date Aug 8 1906

Undertaker John J Conway

Address 907 Hallins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 92572 Registered No. B 92572

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1351 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tikoah M Jones

{ Residence, if in Baltimore, Give Street and Number. } 1351 Ward St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 19 1905
AGE	..... years, 8 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	E H Jones
BIRTHPLACE OF FATHER (State or country)	Georgia
MAIDEN NAME OF MOTHER	Tikoah Randolph
BIRTHPLACE OF MOTHER (State or country)	South Carolina
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J E Mims

(Address) 855 Columbia Ave

Filed Aug 8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1906

I HEREBY CERTIFY, That I attended deceased from August 3 1906 to August 7 1906 that I last saw her alive on August 7 1906, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea and Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) Asthenia md

Toxemia (DURATION) 1 DAYS

(Signed) J E Mims M.D.

Address 855 Columbia Ave

Date August 8 1906

Place of Burial St Peters

Date Aug 8th 1906

Undertaker John H Howard

Address 904 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92573

City of Baltimore, (No. 27, Carroll Ave St.; 20 Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Howard G Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 5 1904 (Month) (Day) (Year)

AGE: 1 years, 9 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Isaac Richardson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary F McCubbin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Richardson

(Address) 27 Carroll ave

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to Aug 7 1906

that I last saw h~~im~~ alive on Aug 7 1906,

and that death occurred, on the date stated above, at 6.20 P.M. The CAUSE OF DEATH was as follows:

Pyemia (DURATION) 10 DAYS

Contributory Tuberculosis Hip Joint (DURATION) 90 DAYS

(Signed) H. W. Jones M.D.

Aug 7 1906 (Address) Lansing Lan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Aug 9 1906

UNDERTAKER: Jas B Cook

ADDRESS: 1003 A Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92574

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92574

City of Baltimore, (No. 331, S. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Catelton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 19 (Day) 1857 (Year)

AGE: 54 years, 11 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Catelton

(Address) 331 S Stricker

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 7th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6th 190 to Aug. 7th 190 6

that I last saw h in alive on Aug 7th 190 6

and that death occurred, on the date stated above, at 4.25 a.m.

I. The CAUSE OF DEATH was as follows:

Overcome by heat

(DURATION) 1 DAY

Contributory

(DURATION) DAYS

(Signed) J. D. Norris M. D.

Aug 8th 190 6 (Address) 1221 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 9 190 6
UNDERTAKER	ADDRESS
Jos R Cook	1003 W Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 92575 — Registered No. B 92575

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CERTIFICATE OF DEATH.

(Place of Death.) No. 20½ foot of Fell sh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Kahlert

{Residence, if in Baltimore, Give Street and Number.} 1714 Lancaster st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City md

FULL NAME OF FATHER: Julius Kahlert

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Katie Reichel

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Kahlert

(Address) 1714 Lancaster st

Filed: Aug 8 1906

Registrar: E.C.W.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 7 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

accidental Drowning

— (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 N. Greene st

Date Aug 7 1906

Place of Burial St Stanislaus

Date Aug. 8 1906

Undertaker Jacob Fralkowski

Address 428 Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92576

City of Baltimore, (No. 2002 Barclay St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 25 1823 (Month) (Day) (Year)

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Fanning

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Elizabeth Crane

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Ford

(Address) 2002 Barclay St

Filed Aug 8 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 6 1906

that I last saw her alive on Aug 6 1906,

and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Entero-colitis

(DURATION) 9 DAYS

Contributory Suppression of urine (DURATION) 2 DAYS

(Signed) M E Schaeffer M. D.

Aug 8 1906 (Address) 16 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 9 1906

UNDERTAKER: E G Weckfield & Sons — ADDRESS: 213 Cumberland Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

92577

Ward 21

Registered No. B 92577

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dawn

{Residence, if in Baltimore, Give Street and Number.} 817 W. West St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Germany April 21 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Hohl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Keller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Dawn

(Address) 817 W. West st.

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6 1906

I HEREBY CERTIFY, That I attended deceased from August 4 1906 to Aug 6 1906 that I last saw h[illegible] alive on Aug 6 1906, and that death occurred, on the date stated above, at 5:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Paralysis, Coma and death (DURATION) 1 Day

(Signed) J. E. Dunn M.D.

Address 856 Columbia ave

Date Aug 6 1906

Place of Burial Western Cemetery

Date Aug 8 1906

Undertaker James Dignan & Son

Address 715-9 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2nd. 92578 Registered No. B 92578

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 S. Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thos. H. Hicks

{Residence, if in Baltimore, Give Street and Number.} 234 S. Ann St.

Duration of Residence in Baltimore. Forty yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 28 1832

AGE: 73 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A. Hicks

(Address) 234 S. Ann St.

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to Aug 7 1906 that I last saw him alive on Aug 6 1906, and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 38 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Balt. St.

Date Balt. Aug 7 1906

Place of Burial Louden Park Cem.

Date Aug. 9 1906

Undertaker Germans Fr. Frances

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22nd 92579 Registered No. B 92579

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1422 Block St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emanuel Roberts

{Residence, if in Baltimore, Give Street and Number.} 1422 Block St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 4th 1846
AGE	59 years, 11 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	William Roberts
BIRTHPLACE OF FATHER (State or country)	Portugal
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Boat builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Roberts

(Address) 1422 Block St.

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 8 1906 that I last saw him alive on Aug 7 1906 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rinck M.D.

Address 1100 E. Baltimore

Date Aug 8 1906

Place of Burial New Cathedral Cem.

Date Aug. 10th 1906

Undertaker Germanus France

Address 1 Bond & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 Registered No. B 92580

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Ward

{Residence, if in Baltimore, Give Street and Number.} 826 Vine St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem	COLOR Blk
DATE OF BIRTH	1
AGE 34 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Easton Md.
FULL NAME OF FATHER	Frisby Howard
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	do
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira Ward

(Address) 826 Vine St

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 6 1906

that I last saw h.. alive on Aug 5 1906

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cesetania

3 hrs (DURATION) DAYS

Con'ributory (Primary.) Phthisis Pulmonalis

? (DURATION) DAYS

(Signed) H Norwood M.D.

Address 939 W Fayette St

Date Aug 7 1906

Place of Burial Easton, Talbot Co. Md.

Date August 9, 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 7

92581

Registered No. B 92581

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Brandstadter

{ Residence, if in Baltimore, Give Street and Number. } 715 S. Broadway

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Grunn

(Address) 715 S. Broadway

Filed Aug 8 1906

Rcvd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7-1 1906

I HEREBY CERTIFY, that I attended deceased from Aug 1 1906 to Aug 7 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. E. Krauss M.D.

Address 211 W. Lanvale Crown

Date Aug 7-1 1906

Place of Burial Mt Carmel Cem

Date August 9th 1906

Undertaker H. Sander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92582

Ward ..... Registered No. B 92582

CERTIFICATE OF DEATH.

Place of Death.) No. 822 S. Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Leroy Stabler

{ Residence, if in Baltimore, Give Street and Number. } 822 S. Canton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25th 1906

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William H. Stabler

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jennie C. Kemp

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Stabler

(Address) 822 S. Canton St

Filed Aug 8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1906

I HEREBY CERTIFY, That I attended deceased from August 5th 1906 to August 5th 1906

that I last saw him alive on August 5th 1906,

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) 4 DAYS

Contributory (Primary) " " (DURATION) 4 DAYS

(Signed) H. L. Bullard M.D.

Address 910 S. Canton St

Date August 8th 1906

Place of Burial Mt Carmel Cem.

Date August 9th 1906

Undertaker J. Sauder Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

161

CERTIFICATE OF DEATH.

Registered No. B92583

City of Baltimore, (No. Bay View Asylum St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Neuberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1854 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Holly Tyson, [redacted]

(Address) BAY VIEW ASYLUM.

Filed Aug 8 1906

HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

"Suicide by jumping out of window" (DURATION) 0 DAYS

Contributory Coroner. (DURATION) ..... DAYS

(Signed) David Thompson, M.D.

Aug 7 1906 (Address) 1500 Hightland ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart	Aug 8 1906
UNDERTAKER	**ADDRESS**
Evans & Spence	1005 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

92584

Ward 10

Registered No. B 92584

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 N. Cor. Forrest & Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Riggins

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 29 1879

AGE 26 years, 9 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno. Riggins

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma A. Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Wagler

(Address) Md Penitentiary

Filed Aug 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 6 1906

that I last saw him alive on Aug 6 1906,

and that death occurred, on the date stated above, at 9 30 P. M.

I. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

4 Days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Cook M.D.

Address 1808 N. Charles St

Date Aug 7 1906

Place of Burial London Park

Date Aug 9 th 1906

Undertaker H. C. Windefeldt

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 92585 — Registered No. B 92585

105

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Virginia H. Latellier

{ Residence, if in Baltimore, Give Street and Number. } 1535 E. North Ave.

D. 92585

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 26 1904

AGE: 1 years, 10 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lawrence E. H. Latellier

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Blanch M. Stone

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence E. H. Latellier

(Address) 1535 E. North Ave.

Filed Aug 8 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 1906

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to Aug 6th 1906

that I last saw h.. alive on Aug 6 1906

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lung Hemorrhage

(DURATION) 7 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Chas H. Chaney M.D.

Address 1419 Eager St.

Date Aug 6th 1906

Place of Burial Baltimore Cemetery

Date Aug 9 Thursday 1906

Undertaker H. C. Friedfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 — 92586 — Registered No. B 92586

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Whitecroft St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Fountain

{Residence, if in Baltimore, Give Street and Number.} 718 Whitecroft St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Oct 28 1900

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. Thompson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Rachael Fountain

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael Fountain

(Address) 918 Whitecroft St

Filed Aug 8 1906 Registrar

ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 8 1906

that I last saw h— alive on Aug 7 1906 3 —

and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

Duke (DURATION) DAYS

Contributory (Primary.) Ascites

(DURATION) 14 DAYS

(Signed) H Monmonier M.D.

Address 939 W Fayette St

Date Aug 8 1906

Place of Burial Mt Auburn Cem

Date August 8th 1906

Undertaker Samuel H. Chase

Address 1011 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 92587

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 S Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Colletti

{Residence, if in Baltimore, Give Street and Number.} 416 S Central ave

Duration of Residence in Baltimore. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 4 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER A Colletti

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Colletti

(Address) 416 S Centralave

Filed Aug 9th 1906 Registrar

C.S.C.B.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 8 1906 that I last saw h a alive on Aug 8 1906, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or immediate)

Intestinal obstruction

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date Aug 8 1906

Place of Burial St Vincent

Date Aug 9 1906

Undertaker Wendell Dipple & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

12 Oclock Funeral

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B 92588

CERTIFICATE OF DEATH.

(Place of Death.) No. 1915 Mc Kean Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Josephine Schneider.

{Residence, if in Baltimore, Give Street and Number.} 1915 Mc Kean ave.

Duration of Residence in Baltimore. 15 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 28 1906

AGE: ..... years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Otto Schneider

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Lorenzel

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schneider

(Address) 1915 Mc Kean Ave

Filed Aug 9th 1906 — JAMES C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 8 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 8 1906 that I last saw her alive on Aug 8 1906, and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Marasmus

3 Months (DURATION) DAYS

(Signed) Geo. W. Hemmeter M.D.

Address 1114 Hoyt ave.

Date August 8 1906

Place of Burial Montemburg St. Co.

Date Aug 10 1906

Undertaker Jos Syfan

Address 1600 W North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92589

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 S High st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mina Gugliemo

{ Residence, if in Baltimore, Give Street and Number. } S High St #322

92589

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: July 31 1906

AGE: — years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~~City~~ Baltimore

FULL NAME OF FATHER: Francesco Guglielmie

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Annuta Lacava

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Francesco Guglielmie

(Address) S. High st. #322.

Filed 8/9 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 8 1906 that I last saw her alive on Aug 8 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions — Heat prostration

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Lazarby M.D.

Address 721 W. North Ave

Date Aug 8 1906

Place of Burial Old Methodist Ground

Date Aug 9. 1906

Undertaker Louis Heermann

Address 6 S Carolina

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92590 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Hepfler

{Residence, if in Baltimore, Give Street and Number.} 1004 Scott St.

92590

Duration of Residence in Baltimore. 52 Years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 18th 1821
AGE	85 years, months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Eisenberg
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't know.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Boecken.

(Address) 1004 Scott St.

Filed Aug 9 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 8th 1906

that I last saw h[illegible] alive on Aug 7 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward [illegible] M.D.

Address 517 Lanvale St

Date Aug 8 1906

Place of Burial Loudon Park

Date Aug. 10th 1906

Undertaker Mr. & Mrs John H. Teufel

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

92591

Registered No. B

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ross Williams

{Residence, if in Baltimore, Give Street and Number.} 107 S. Caroline

92591

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Spencer

(Address) 1403 Mulligan Ct

Filed Aug 9 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5 — 1906 to Aug 7 — 1906

that I last saw him alive on Aug 6 — 1906,

and that death occurred, on the date stated above, at 1230 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

several hours (DURATION) — DAYS

Contributory (Primary.) Asthma & Myocarditis

several yrs. (DURATION) — DAYS

(Signed) W J Harris M.D.

Address 1544 David Ct

Date Aug 7 — 1906

Place of Burial Asbury Cemetery

Date Aug 9 1906

Undertaker R A & Hiatt

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 7

Registered No. B 92592

169.

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear 3 Light St Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henson

{ Residence, if in Baltimore, Give Street and Number. } 707 N. Durham 92592

Duration of Residence in Baltimore. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: — 1

AGE: 48 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mollie Henson

(Address) 707 N Durham St

Filed Aug 9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from Ashcroom 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pancreatitis

(DURATION) — DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Ashcraft Coroner M.D.

Address 211 W. Lanvale

Date Aug 7th 1906

Place of Burial Asbury Cemetery

Date Aug 9 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 92593

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 51 Spring Row, Falls Rd., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude. Carr

{ Residence, if in Baltimore, Give Street and Number. } 51 Spring Row, Near Falls Rd

Duration of Residence in Baltimore. Life

92593

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH June 1st 1906

AGE ..... years, 2 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ ——

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Stephen Carr.

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Frances A. Heberle

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Carr. (Father)

(Address) 51 Spring Row

Filed 9 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to Aug 8th 1906 that I last saw her alive on Aug 8th 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 22 DAYS

Con'tributory (Primary) Malassimilation of food (DURATION) 60 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Aug 8th 1906

Place of Burial St. Marys, Hampden

Date August 10th 1906

Undertaker Wm. E. Chenowith & Son

Address 919 - 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

92594

Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2723 Bernard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sherman S. Lewis

{Residence, if in Baltimore, Give Street and Number.} 2723 Bernard St. 92594

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: years, 3 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Walter Lewis
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Anna L. Lewis
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lewis

(Address) 2723 Bernard St

Filed 9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Leib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) .... DAYS

Contributory (Primary) Mal nutrition

(DURATION) 2 wks DAYS

(Signed) Sluder Linthicum M.D.

Address 1818 N. Charles St

Date Aug 9 1906

Place of Burial St Marys Hampden

Date Aug 10 1906

Undertaker Wm E & Chenoweth & Son

Address 1193rd Aug

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

Registered No. B 92595

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Dederer

{ Residence, if in Baltimore, Give Street and Number. } 1720 Hanover St.

92595

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH July 7 1906

AGE — years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Berea Md.

FULL NAME OF FATHER Geo Dederer

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Louisa Becker

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Dederer

(Address) 1720 Hanover St.

Filed 9 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 9 1906 that I last saw h— alive on Aug 8 1906, and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) Robt. P. Lehnith M.D.

Address 1318 E. Chase St.

Date 190

Place of Burial Druid Hill Park Cem.

Date Aug 10 1906

Undertaker Wm Andrew Rohde & Son

Address 730 Pa Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

92596

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92596

Registered No. B.....

City of Baltimore, (No. 127, Brady ave St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 2 nd (Month) (Day) 1 (Year)

AGE: ..... years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: George Smith

BIRTHPLACE OF FATHER (State or country): Balto co

MAIDEN NAME OF MOTHER: Florence Wilson

BIRTHPLACE OF MOTHER (State or country): Balto co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F E Wilson

(Address) 34 Fruby st city.

Filed 8/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug. 8 th 190 6 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 190 to aug 7th 190 6 that I last saw h~~im~~ alive on aug 7 190 6, and that death occurred, on the date stated above, at 10 30 A.M. The CAUSE OF DEATH was as follows:

Marasmus.

about 2 month (DURATION) ..... DAYS

Contributory Gastro enteritis

2 weeks (DURATION) ..... DAYS

(Signed) H C Stuart Jr. M. D.

aug 8 190 6 (Address) 811 Gaven ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holly Cross — DATE OF BURIAL: aug 9 1906

UNDERTAKER: E. A Wedefeld Jr. — ADDRESS: 215 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

Lucb

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 92597

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 W. 21st St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eda Rosella Bringier Thomas

{ Residence, if in Baltimore, Give Street and Number. } 2 W. 21st St

92597

Duration of Residence in Baltimore. 29 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 11th 1852

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Parish of Ascension La

FULL NAME OF FATHER Marius L. C. Bringier

BIRTHPLACE OF FATHER (State or country) New Orleans La

MAIDEN NAME OF MOTHER Augustine Turnaud

BIRTHPLACE OF MOTHER (State or country) St James Parish La

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felicia A Bringier

(Address) 2 W. 21st St

Filed 9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1906 to Aug 7th 1906 that I last saw her alive on Aug 7th 1906, and that death occurred, on the date stated above, at 2 am

M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma involving left side of neck border of trachea, tonsil, carotid etc (DURATION) — DAYS

Contributory (Primary.) Exhaustion (DURATION) 10 DAYS

(Signed) W J Wilby M.D.

Address 2205 St Paul St

Date Aug 8th 1906

Place of Burial Greenmount

Date Aug 10th 1906

Undertaker Henry Jenkins Son Co

Address 223 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 HEALTH DEPARTMENT, [illegible]

Registered No. B 92598

164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert C. Scott

{Residence, if in Baltimore, Give Street and Number.} 621 N. Montgomery st

92598

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colrd

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, — months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Scott

(Address) 621 N. Montgomery

Filed 8/9 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Lodt

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 6 1906

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary) Fract. Scapula

Fract. Ribs (DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 408 N. Exeter St. Coroner

Date Aug 8, 1906

Place of Burial Laurel Cemetery

Date August 9, 1906

Undertaker John H. Toadvin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 92599 — 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Peach al St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Walter Thomas

{Residence, if in Baltimore, Give Street and Number.} 1021 Peach al

92599

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Henson Thomas

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Margie Harris

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henson Thomas

(Address) 1021 Peach al

Filed 8/9 1906 — Registrar

Lamb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 9 1906 that I last saw him alive on Aug 7 1906, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 7 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. D. Elles M.D.

Address 915 Light st

Date Aug 9 1906

Place of Burial Mt Auburn

Date Aug 10 - 10 am 1906

Undertaker Jno H. Tradum

Address Hanover st

10 a.m.

WM. J. C. DULANY CO., BALTIMORE.

HARRY U. [illegible] PERMIT CLERK.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B 92600

CERTIFICATE OF DEATH.

(Place of Death.) No. 2301 Callow Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Ludlow Gilbert

{Residence, if in Baltimore, Give Street and Number.} 2301 Callow Ave

Duration of Residence in Baltimore. Life 92600

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 10 1852

AGE: 53 years, 11 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Aquilla Gilbert

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Forrester

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Lumber Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Gilbert

(Address) 2301 Callow Ave

Filed 8/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 7" 1906

I HEREBY CERTIFY, That I attended deceased from July 10" 1906 to Aug. 7" 1906 that I last saw him alive on Aug 7 1906 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion. Insanition

(DURATION) DAYS

Contributory (Primary.) Cancer of Stomach

general infection of the body (DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Bullion St

Date Aug 8" 1906

Place of Burial Woodlawn Cemetery

Date Aug 9th 1906

Undertaker Chas. E. Franck

Address 446 N. Eutaw St

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B 92601 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~John W~~ Harris Tyler

{Residence, if in Baltimore, Give Street and Number.} 1138 Walnut St 92601

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: December 7th 1887	
AGE: 18 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: John W. Tyler	
BIRTHPLACE OF FATHER (State or country): Ind	
MAIDEN NAME OF MOTHER: Annie Frazier	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline Tyler

(Address) 1138 Waterat St.

Filed 9 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

about two mo. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lilian Baldwin M.D.

Address Two Laf. Ave. (Colored)

Date Aug. 8th 1906

Place of Burial Mount Auburn

Date Aug 9th 1906

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 30

92602

Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 4118 Massachusetts Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rudolph Black

{ Residence, if in Baltimore, Give Street and Number. } 4118 Massachusetts Ave

Duration of Residence in Baltimore. Life

92602

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 19 1896

AGE: 9 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Philip Black

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie M Beckman

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Black

(Address) 4118 Mass. Ave.

Filed 19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Black

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1906 to Aug 8 1906

that I last saw him alive on Aug 8 1906

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage & Rupture of Intestines (DURATION) 24 hours.

Contributory (Primary.) Fall on Abdomen (DURATION) DAYS

(Signed) Howard W James M.D.

Address Irvington

Date Aug 8 1906.

Place of Burial Loudon Park.

Date Aug: 10 th 1906

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92603

Ward 10 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 E Preston St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jenette M Lynch,

{ Residence, if in Baltimore, Give Street and Number. } 92603

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR. White

DATE OF BIRTH July 31 1905

AGE 0 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas. N. Lynch

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Bertha Pinnion

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 735 Preston St.

8/9 190

HARRY O. ANDERSON PERMIT CLERK Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 8 1906 that I last saw her alive on Aug 8 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1238 Linden Ave

Date Aug 8th 1906

Place of Burial Holy Cross. ✓

Date August 9th 1906

Undertaker H. C. Wedefeldt

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** [illegible] deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 92604

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 3119 Dillon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert E. Payne

{Residence, if in Baltimore, Give Street and Number.} # 3033 O'Donnell St.

Duration of Residence in Baltimore. Lifetime 92604

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 26 1905

AGE 1 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank L. Payne

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Rehberger

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank L. Payne

(Address) 3119 Dillon St

Filed 9 1906 ROBT. U. ANDREWS, Registrar

PERMIT CLERK.

Lock

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1906 to Aug. 8 1906

that I last saw h[illegible] alive on Aug. 7 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.) /

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Ann

Date Aug. 9th 1906.

Place of Burial Mt. Carmel

Date Aug. 9th 1906

Undertaker HENRY SANDER & SONS.

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 92605

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Barbara Keyser

{Residence, if in Baltimore, Give Street and Number.} No. 1736 Gough St. — 92605

Duration of Residence in Baltimore During life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 29th 1849
AGE	57 years, — months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Deer
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Keyser

(Address) 1736 Gough St.

Filed 8/9 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 4th 1906 to Aug. 7th 1906 that I last saw her alive on Aug 6th 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

about two days (DURATION) DAYS

Contributory (Primary.) Gastric carcinoma

about one year (DURATION) DAYS

(Signed) Fredk. A. Conradi, M.D.

Address No. 2221 E. Balt. St.

Date Aug. 9th 1906.

Place of Burial Trinity

Date Aug 9th 1906

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltic Sts. and 1728-1730 Caroline Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92606

Registered No. B

City of Baltimore, (No. Mary Land University Hosp. St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marion Randwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Brown Neck Calvert Co

MAIDEN NAME OF MOTHER: Matilda Smith

BIRTHPLACE OF MOTHER (State or country): Calvert Co

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Hardman

(Address) Calvert Co

Filed 8/9 1906 HARRY C. T. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Hemorrhage & Sepsis
cause of Spleen cut by a knife & murder

(DURATION) Few hours DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

190 (Address) Co.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bethlehem

DATE OF BURIAL: Aug 9 1906

UNDERTAKER: A. J. Freelund

ADDRESS: 114 Schroeder St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92607

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92607

City of Baltimore, (No. 630, Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara A. Stolen Lange

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 21 1841 (Month) (Day) (Year)
AGE	65 years, 3 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	William Mark
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friedrich Theo. Lange

(Address) 630 S. Spring St.

Filed Aug 9 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1906 to Aug 7 1906 that I last saw h[illegible] alive on Aug 7 1906, and that death occurred, on the date stated above, at 9 40 P.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation
(DURATION) 95 DAYS

Contributory Dyspnoea
(DURATION) 3 DAYS

(Signed) Harry Boyd M. D.

Aug 8 1906 (Address) 1512 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemy	August 10 1906
UNDERTAKER	ADDRESS
Jos Jordan's Son	217 S. Paca

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92608 92608

Ward 4 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Yonkel Rosin

{ Residence, if in Baltimore, Give Street and Number. } City Hospital

Duration of Residence in Baltimore. 9 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH 1

AGE ___ years, 11 months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Yankel Rosen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fagie Archicus

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fagie Archicus

(Address) City Hospital.

Filed Aug 9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 8. 1906

that I last saw h[illegible] alive on Aug 8. 1906

and that death occurred, on the date stated above, at 11.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho- Pneumonia

(DURATION) DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date August 9th 1906

Place of Burial Philips Rd Roos Dale

Date August 9, 1906

Undertaker Mat Levinson

Address 1138 Lowrst

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

92609

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1211, Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Letunate

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thos. McCabbin

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Rye

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Letunate

(Address) 1211 Eutaw St.

Filed 9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1906 to Aug. 7 1906 that I last saw h[illegible] alive on Aug. 7 1906, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage – paralysis

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo. L. Wellen M. D.

Aug. 9 1906 (Address) 6 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: Aug 10 1906

UNDERTAKER: H. C. Weidpeck | ADDRESS: Grey Gunnett Ave.

Lab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

92610
66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92610

Registered No. B.....

City of Baltimore, (No. 1018 W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Talbott.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

AGE: 87 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah V. Talbott.

(Address) 1018 W Franklin St

Filed ..... 19 ..... 190 6

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Lab

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 7 1906

that I last saw him alive on Aug 7 1906 10:30 A.M. and that death occurred, on the date stated above, at ~~time~~

The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 19 DAYS

Contributory Senility

(DURATION) ..... DAYS

(Signed) Robert K. Krusen M. D.

Aug 8 1906 (Address) 100 Arlington Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 10 1906

UNDERTAKER: Lowe & Cook — ADDRESS: 30 & York Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

92611

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92611

Registered No. B.....

City of Baltimore. (No. 3039 Westwood ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Virginia Moore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white.

DATE OF BIRTH: ..... (Month) ..... (Day) 1845 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Norfolk, Va.

FULL NAME OF FATHER: Henry Harrison.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Catherine Harris.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson

(Address) 3053 N. North Ave.

Filed 8/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 8th 1906 that I last saw h er alive on Aug 8th 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) 20 DAYS

Contributory Heart Failure

(DURATION) 1 DAYS

(Signed) J. C. Dickson M. D.

Aug 9 1906 (Address) 3053 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Friday Aug 10 1906

UNDERTAKER: Wm Cook | ADDRESS: 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92612

Registered No. B .....

City of Baltimore, (No. 1329 E Lanvale St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Pierce

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Sept (Month) 12 (Day) 1843 (Year)

AGE: 62 years, 10 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John A Hoey

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Ellen Eggleston

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. F. Pierce

(Address) 1329 E. Lanvale St

Filed 8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Aug 8 1906

that I last saw h[e] alive on Aug 7 1906

and that death occurred, on the date stated above, at 11 30 A.M. The CAUSE OF DEATH was as follows:

Diabetis Mellitis 3 mos. (DURATION) DAYS

Contributory Insanemia. (DURATION) 2 DAYS

(Signed) H. S. Gibson M.D.

Aug 8 1906 (Address) 531 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Aug 10 1906

UNDERTAKER: Joseph B Cook ADDRESS: 1003 N Balto

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92613

City of Baltimore, (No. 102, N Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda E Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb (Month) 26 (Day) 1844 (Year)

AGE 62 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baco Md

FULL NAME OF FATHER William Dawson

BIRTHPLACE OF FATHER (State or country) [illegible] Md

MAIDEN NAME OF MOTHER Sophia Keuch

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. M. Bennett

(Address) 15 Boulevard Westfield

Filed Aug 9 1906 HARRY O. ANDREWS PERRY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 9th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 9 1906

that I last saw her alive on Aug 8 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Chronic Interst Nephr

1 y (DURATION) Dyspnoea DAYS

Contributory (DURATION) DAYS

(Signed) Aequet & Coon M. D.

Aug 9 1906 (Address) 732 Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL West Lawn Md | DATE OF BURIAL Aug 10 1906

UNDERTAKER Jos B Cook | ADDRESS 1813 W Balt

WM. J. C. DULANY CO., BALTIMORE.

Faith

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 92614

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. Robinson

{Residence, if in Baltimore, Give Street and Number.} Same 92614

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~8~~ 7-26 1827

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Nicoll

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Taylor

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. A. Robinson

(Address) 312 S. Ann St.

Filed Aug 9 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. - 7 - 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to Aug 7 1906

that I last saw h— alive on Aug 7 1906,

and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(Accident)
Fract. Femur - Intra Capsular

5 Weeks (DURATION) — DAYS

Contributory (~~Primary~~) Senility - Following Bedsore + Heat (DURATION) DAYS

(Signed) John A Daiger M.D.

Address 1913 Druid Hill Ave

Date Aug 9 - 06 1906

Place of Burial Greenmount Cem

Date August 10 1906

Undertaker John A Daiger

Address 223 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward C. J. No. Registered No. B 92615

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lizzie Deerfields

{Residence, if in Baltimore, Give Street and Number.} Bayview asylum 92615

Duration of Residence in Baltimore. Seventy three years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary A. Holyday, Supt.

(Address)

Filed 8/8 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to Aug 5 1906 that I last saw her alive on Aug 5 1906, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

..... (DURATION) ..... DAYS

Contributory (Primary) Senility

..... (DURATION) ..... DAYS

(Signed) Thomas Lee M.D.

Address Bayview asylum

Date ..... 190...

Place of Burial JOHNS HOPKINS HOSPITAL AUG 6 - 1906

Date ..... 190...

Undertaker William H Woodens

Address 1811 Aisken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

217

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B 92616

92616

CERTIFICATE OF DEATH.

(Place of Death.) No. ## St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Storey -

{ Residence, if in Baltimore, Give Street and Number. } Between Ensor & Forest & Belair Ave (Domestic in family living there)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Harford Co —

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

Address

Filed 8/8 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 29th 1906 to August 5th 1906 that I last saw h— alive on August 5 1906, and that death occurred, on the date stated above, at 10 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Nephritis

(DURATION) DAYS

Contributory (Primary) Typhoid Fever (DURATION) 3 weeks DAYS

(Signed) Elmer St. Atkins M.D.

Address St Joseph's Hospital

Date August 6th 1906

JOHNS HOPKINS HOSPITAL AUG 7 1906

Place of Burial

Date 190

Undertaker

Address Health Department

Coroner's Permit FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B 92617.

103

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Lizzie Wilson

{ Residence, if in Baltimore, Give Street and Number. } Concord. North Carolina

Duration of Residence in Baltimore. 9 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 22 years, — months, — days	
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED: Single	
BIRTHPLACE (State or country): N. Carolina	
FULL NAME OF FATHER: Mr. Lewis	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) H. Irwin

(Address) St. Joseph's Hosp.

Filed 19 Lamb

BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to August 9 1906 that I last saw h[illegible] alive on August 9 1906, and that death occurred, on the date stated above, at 12.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of stomach following operation.

(DURATION) DAYS

Contributory (Primary) Gastric ulcer or empyema of gall bladder (DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St Josephs Hospital

Date August 9th 1906

Place of Burial Concord. North Carolina

Date Aug. 10 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

CERTIFICATE OF DEATH.

Registered No. B 92618

City of Baltimore, (No. 237, W La Fayette Ave, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marion I Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 17 1823 (Month) (Day) (Year)

AGE 83 years, — months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel Baum

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margaret Scrogg

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Jones

(Address) 237 W. Lafayette Ave.

Filed 8/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 190 to Aug 8 1906 that I last saw h ex alive on Aug 8 1906, and that death occurred, on the date stated above, at 4 P M. The CAUSE OF DEATH was as follows:

Malignant disease of Uterus &c (DURATION) DAYS

Contributory Ex haustion — Y Coma (DURATION) 5 DAYS

(Signed) W. H. Atkinson M. D.

Aug 8 1906 (Address) 8 W 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Govanstown Presbyterian Cemetery	Aug. 10 1906
UNDERTAKER	ADDRESS
Evans & Spencer	1000 E. Balto. St

HEALTH DEPARTMENT, City of Baltimore.

92619 — 92619

Ward 5 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 394 Forrest St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lamana

{ Residence, if in Baltimore, Give Street and Number. } 394 Forrest St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 22nd 1888
AGE	18 years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	singe
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Agostino Lamanna
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Comela Russo
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agostino Lamanna

(Address) 394 Forrest St.

Filed Aug 10 1906 HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Aug 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. N. Hayden M.D.

Address 708 S. Exeter St.

Date Aug 9 1906

Place of Burial Holy Redeemer Cemetery

Date Aug. 10th 1906

Undertaker Germanus Franc

Address 1804 & 1806 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 92620 — Registered No. B 92620

167

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henrietta Riederer

{ Residence, if in Baltimore, Give Street and Number. } 15-22 Federal Pl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov 23rd 1896

AGE: 10 years, 8 mon'ts, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank Riederer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Arnold

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Riederer

(Address) 15-22 Federal Place

Filed Aug 10 1906 HARRY C. P. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Shock, following burns from Gasoline, on the whole body, Skin Grafting

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehtaru M.D.

Address 211 W. Lanvale St.

Date Aug 9th 1906

Place of Burial Sacred Heart Cemetery

Date Aug 11th 1906

Undertaker Germania Funeral

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92621

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fritz Eichberg

{Residence, if in Baltimore, Give Street and Number.} 744 McHenry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1893

AGE 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Isaac Eichberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rebecca Fritz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J R Vaughan

(Address) 1526 Baltimore

Filed August 11th 1906

CLERK OF ORPHANS' COURT PERMIT CLERK

Registrar C, S & C, R,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1

1. CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) Benj. D. Hayman M.D. Coroner

Address 418 E Eutaw st

Date Aug 9, 1906

Place of Burial Oheb Shalom Cem

Date Aug 11th 1906

Undertaker J. Shoues Co.

Address 409 N Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1906
13
43

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 92622 — Registered No. B 92622

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Vincent St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Susan Anne Gale

{ Residence, if in Baltimore, Give Street and Number. } 1420 Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Nov 22 1905
AGE	8 years, 8 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jas Gale
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Hattie Hall
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Gale

(Address) 1420 Vincent

Filed Aug 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 8 1906

that I last saw h[er] alive on Aug 8 1906

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio Pneumonia

(DURATION) 18 DAYS

Con'tributory (Primary.)

asphyxia (DURATION) 1 DAYS

(Signed) T. E Daughaday M.D.

Address 2506 Pennsylvania ave

Date Balto Aug 8 1906

Place of Burial Laurel Cemetery

Date Aug 10 1906

Undertaker Wm J Williamson

Address 1400 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92623 — Registered No. B 92623

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret G. Lavery

{Residence, if in Baltimore, Give Street and Number.} 934 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 7th 1883

AGE 22 years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Lavery

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie McKiernan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Lavery

(Address) 934 E. Eager St

Filed Aug 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to Aug 7th 1906

that I last saw h— alive on Aug 7 1906

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Beale M.D.

Address 1127 Carolina St

Date Aug 9th 1906

Place of Burial Holy Cross

Date Aug 10 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

92624

Ward 18

Registered No. B 92624

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joshua Watts

{Residence, if in Baltimore, Give Street and Number.} 225 N. Arlington Ave

Duration of Residence in Baltimore. 30yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Blk
DATE OF BIRTH: May 18 1845	
AGE: 61 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Mar.	
BIRTHPLACE (State or country): Calvert Co Md	
FULL NAME OF FATHER: Unk	
BIRTHPLACE OF FATHER (State or country): Calvert Co	
MAIDEN NAME OF MOTHER: Unk	
BIRTHPLACE OF MOTHER (State or country): do	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josa Watts

(Address) 225 Arlington Ave

Filed Aug 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 8 1906

that I last saw h— alive on Aug 7 1906

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Di Ht

6 mos (DURATION) ... DAYS

Con'tributory (Primary) Asthma

(DURATION) 21 DAYS

(Signed) H Norris M.D.

Address 739 W Fayette St

Date Aug 8 1906

Place of Burial Mt Auburn Cemetery

Date August 10 1906

Undertaker Geo. H. Hooper

Address 607 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

92625

Ward 23 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 S. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Williamina L Jones

{Residence, if in Baltimore, Give Street and Number.} 919 S, Fremont ave 92625

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 18 1847

AGE: 59 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm L. Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Fannie Hooper

(Address) 919 S. Fremont ave

Filed 8/10 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

Lacb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug 8 1906

that I last saw her alive on Aug 8 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) S. M. Lumpkin M.D.

Address 602 S. Paca St.

Date Aug 10 1906

Place of Burial London Park

Date Aug 11 1906

Undertaker Wm J Pickett & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 92626

136

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Archie Wood 92626

{Residence, if in Baltimore, Give Street and Number.} 2861 W. Lanvale St

Duration of Residence in Baltimore. 2861 W. Lanvale st

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 27 1870

AGE: 36 years, months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fred G. Gimpp

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Katie Dauseiger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Wood

(Address) 2861 W. Lanvale st

Filed 8/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 9 1906

that I last saw h alive on Aug 9 1906

and that death occurred, on the date stated above, at 10.23 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock.

(DURATION) 5 hrs DAYS

Contributory (Primary.) cramulonary.

(DURATION) DAYS

(Signed) W. F. Caldwell M.D.

Address University Hosp.

Date Aug 10 1906.

Place of Burial Western Cem

Date August 12, 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. B 92627

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Mc Giff

{Residence, if in Baltimore, Give Street and Number.} 512 Parkin St

92627

Duration of Residence in Baltimore. 23 Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 12 1884

AGE: 21 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph P. Mc Giff

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Agnes Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Agnes Mc Giff

(Address) 512 Parkin St

Filed 8/10 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 10 1906 that I last saw h- in alive on Aug 10 1906, and that death occurred, on the date stated above, at 2.10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 3 Weeks

(Signed) Wm. P. Bay M.D.

Address University Hospital

Date Aug. 10th 1906

Place of Burial St Peters

Date Aug. 13 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92628

1016 Hollins St

City of Baltimore, (No. 1016, Hollins St St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Kohler

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Jan. (Month) 2d (Day) 1823 (Year)

AGE: 83 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bavaria

FULL NAME OF FATHER: M. Goetz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Miss Walch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Bartel

(Address) for A. Kohler, 1111 W. Lanvale St.

Filed Aug 10 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 9th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 9th 1906 to Aug 9th 1906 that I last saw h er alive on Aug 9th 1906, and that death occurred, on the date stated above, at 3.55 P. M. The CAUSE OF DEATH was as follows:

Senile Gangrene of the right foot.

(DURATION) 61 DAYS

Contributory Senile breaking up of old age (DURATION) DAYS

(Signed) Charles Gelb M. D.

Aug 10th 1906 (Address) 1111 W Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Aug 11 1906
UNDERTAKER	**ADDRESS**
Jos B Cook	1023 N Ballo St.

Lieb

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. B 92629

120

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Dise

{ Residence, if in Baltimore, Give Street and Number. } Tangier Island, Va

Duration of Residence in Baltimore. 24 hours.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Eskridge

BIRTHPLACE OF FATHER (State or country) Fredericksburg.

MAIDEN NAME OF MOTHER Annie Lertin

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Dise

(Address) Tangier Va.

Filed 7/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

B.C.A.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1906

I HEREBY CERTIFY, That I attended deceased from August 7th 1906 to August 8th 1906 that I last saw her alive on August 8th 1906, and that death occurred, on the date stated above, at 2:30 Am

I. CAUSE OF DEATH (Secondary or immediate)

Cardiac and respiratory failure. Nephritis

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis

(DURATION) 30 DAYS

(Signed) W W. Oliver M.D.

Address University Hospital

Date August 8 1906

Place of Burial Tangier Va

Date Aug 9th 1906

Undertaker Edw. I Fanning

Address 1460 Battery Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24

HEALTH DEPARTMENT, CITY OF BALTIMORE.

61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92630

Registered No. B.....

City of Baltimore, (No. 1509 Riverside ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Jennie Pickett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 6 (Day) 1906 (Year)

AGE X years, 7 months 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Silas Pickett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Hollaterd

BIRTHPLACE OF MOTHER (State or country) W. Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas Pickett

(Address) 1509 Riverside ave

Filed 8/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 8 1906

that I last saw h[illegible] alive on Aug 8 1906,

and that death occurred, on the date stated above, at 1130 a m. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 3 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) George L. Dugan M. D.

Aug 8 1906 (Address) 721 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Aug 10 1906
UNDERTAKER	ADDRESS
E. J. Fanning	1760 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Laid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 7

92631

Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Dombrowski

{Residence, if in Baltimore, Give Street and Number.} 934 Fell St 92631

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Dombrowski

Address 934 Fell St

Filed 8/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lach

WM. J. C. DULANY CO. BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 27th 1906 to Aug 8th 1906

that I last saw h[illegible] alive on Aug 8th 1906,

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Pulmonary Oedema —

(DURATION) DAYS

Contributory (Primary.) Endocarditis — Mitral Insufficiency (DURATION) DAYS

(Signed) Elmer S Adkins M.D.

Address St Joseph's Hospital

Date August 9th 1906

Place of Burial St Stanislaus.

Date Saturday Aug 11" 1906

Undertaker M F Sadowski.

Address 703 E. Aliceanna St

Will remove to 934 Fell St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92632

90

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92632

City of Baltimore, (No. 303 N. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Larssa Kirn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 14 (Day) 1905 (Year)

AGE: 1 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William H Kirn

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary C. Hart.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Kirn

(Address) 303 W Biddle St.

Filed 8/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 8 1906 that I last saw h alive on Aug 8 1906, and that death occurred, on the date stated above, at 5.45 P.M. The CAUSE OF DEATH was as follows:

Bronchitis (DURATION) DAYS

Contributory Marasmus. (DURATION) DAYS

(Signed) Henry Hobart Leach M.D.

Aug. 9 1906 (Address) 841 Dr. Linton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: aug 10th 1906

UNDERTAKER: William H. Higdon — ADDRESS: 851 Linden ave

Last

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

92633

Ward 9

Registered No. B 92633

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 Thursby Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy Hoffee

{ Residence, if in Baltimore, Give Street and Number. } 6 Thursby Ct.

Duration of Residence in Baltimore. Since all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anderel Co

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabell Hall

(Address) Grove Town

Filed Aug 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Acute Gastritis

(DURATION) DAYS

(Signed) Charles Smallwood M.D.

Address 1814 N. Chas St

Date Aug 9 1906

Place of Burial Laurel Cemetery

Date Aug 10. 1906

Undertaker P. A. Gilliatt

Address 606 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

92634

Ward 19

Registered No. B 92634

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Lemmon St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Martha Jones

{Residence, if in Baltimore, Give Street and Number.} 1404 Lemmon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 16 1906

AGE ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Jones

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Sarah Winston

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Winston

(Address) 1404 Lemmon St

Filed Aug 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 9 15 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 Mo. DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G Frank Jones M.D.

Address Coroner Balto

Date Aug 10 1906

Place of Burial Mt Auburn Cemetery

Date Aug 10. 1906

Undertaker E R & C McDaniel

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 10 — 92635 — Registered No. B 92635

155

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Sullivan

{ Residence, if in Baltimore, Give Street and Number. } 536 Clark st

Duration of Residence in Baltimore. 22 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kate Devine

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 536 Clark St

Filed: Aug 10 1906

Registrar: J. H. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 8, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to — 1906

that I last saw h — alive on — 1906 ;

and that death occurred, on the date stated above, at —

1. CAUSE OF DEATH (Secondary or Immediate)

Laudanum Poison

— Suicide —

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 705 N. Eutaw st Grove

Date Aug. 9 1906

Place of Burial New Cathedral

Date Aug. 11th 1906

Undertaker Henry Hack & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 24

Registered No. B 92636

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier 9 Locust Pt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Müller

{Residence, if in Baltimore, Give Street and Number.} Laborer on Steamship Meteor

92636

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 2nd 1890

AGE 16 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Schumacher

(Address) 2 Gay St.

Filed Aug 10 1906

MARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Drowned Steamship Meteor at Pier 9 Locust Pt.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ghrtander M.D.

Address 211 W. Lanvale Comm

Date Aug 10th 1906

Place of Burial 1st Evangelic

Date Aug. 11th 1906

Undertaker C. H. Sander Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st

Registered No. B 92637

CERTIFICATE OF DEATH.

(Place of Death.) No. 1208 S. Patterson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Edward Mooney

{ Residence, if in Baltimore, Give Street and Number. } 1208 S. Patterson St

Duration of Residence in Baltimore. Life

92637.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 22 1898

AGE 8 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Philip Mooney

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Robbitt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Mooney

(Address) 1208 Mooney St.

Filed 8/10 1906

Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to Aug 9th 1906 that I last saw h in alive on Aug 8th 1906, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever (DURATION) 4 wks

Contributory (Primary.)

Toxemia (DURATION) 5 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave

Date Aug - 9th 1906

Place of Burial St Patrick's Cem.

Date August 11th 1906

Undertaker H. SANDER & SON

Address 1708-1710 Canton Ave

S.E. Cor. Broadway & Eastern Ave

BARRY O. KNOX
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 4

Registered No. B 92638

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Anthony Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Polsom

{ Residence, if in Baltimore, Give Street and Number. } Philadelphia Pa. 92638

Duration of Residence in Baltimore. ton-night

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Philadelphia Pa.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.S. Hayden

(Address) 408 N Eutaw st

Filed Aug 10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5-30

M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Pneumonia

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) B.S. Hayden M.D. (Coroner)

Address 408 N Eutaw st

Date Aug. 9, 1906

JOHNS HOPKINS HOSPITAL AUG 10 1906

Place of Burial

Date 190

Commissioner Health

Undertaker

Address Health department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

2 8

1

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 92639

Ward 27 Registered No. B 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Stony St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

92639

{ Residence, if in Baltimore, Give Street and Number. } "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col-

DATE OF BIRTH 1

AGE 40? years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. Lichtenstein

(Address) 211 W. Lanvale St.

Filed

..... 190.....

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Drowned, suicide

Unclaimed.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lichtenstein Coroner M.D.

Address 211 W. Lanvale

Date 8.10 1906

Place of Burial

Date 190

Undertaker

Address Health Department

JOHNS HOPKINS HOSPITAL AUG 10 1906 Commissioner Health FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21 9

Ward 7

Registered No. B 92640

152

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Edward & Sarah W Wilson

{ Residence, if in Baltimore, Give Street and Number. }

92640

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Aug 7 1906

AGE 10 hrs
years months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Edward Wilson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Bunch

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

Lamb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug. 8 1906 that I last saw her alive on Aug 7 1906, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia neonatorum
Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug 8 1906

Place of Burial JOHNS HOPKINS HOSPITAL AUG 10 1906

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21

Ward .....

Registered No. B 92641

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital; St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Wm + Emma Bulson

{ Residence, if in Baltimore, Give Street and Number. } .....

92641

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 8. 1906

AGE: 3 hours. ..... years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Bulson

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/10 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8. 1906 to Aug 8. 1906

that I last saw her alive on Aug. 8. 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
(7 mo. foetus)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Feldenvough M.D.

Address Johns Hopkins Hospital

Date Aug 9. 1906

Place of Burial JOHNS HOPKINS HOSPITAL AUG 10 1906 1906

Undertaker Commissioner Health, Health Department

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92642

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Viola Johnson

{Residence, if in Baltimore, Give Street and Number.} 14 S. Register St 92642

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR Color
DATE OF BIRTH 1	
AGE — years, 6 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 8 1906 that I last saw h alive on Aug 8 1906, and that death occurred, on the date stated above, at 1050 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ilio. Colitis

Acute

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Whitte M.D.

Address Mt Wilson Md.

Date Aug 9. 1906

Place of Burial COLLEGE OF P. & S.

Date AUG 9 - 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

220

Ward 23 Registered No. B 92643

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Rummuph

{Residence, if in Baltimore, Give Street and Number.} 127 West Cross St. 92643

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Aug 20 to 1905	
AGE: ..... years, 11 months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Henry Rummuph	
BIRTHPLACE OF FATHER (State or country): Gery	
MAIDEN NAME OF MOTHER: Dora Helen	
BIRTHPLACE OF MOTHER (State or country): Gery	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Rummuph

(Address) 147 W. Cross st

Filed 8/10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 10 1906 that I last saw him alive on Aug 10 1906, and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ills-Colitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry White M.D.

Address 809 Gorsuch Ave

Date August. 10. 1906

Place of Burial Balto Cem

Date Aug 12 to 1906

Undertaker E. Schlosman & Son

Address 183 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

* SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 92644

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rena Powell

{Residence, if in Baltimore, Give Street and Number.} 1218 Bayard 92644

Duration of Residence in Baltimore. 28yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Pram Powell

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER One Known

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. W. Parry

(Address) 1218 Bayard St

Filed 8/10 1906 HARRY C. J. ANDREWS, Registrar PERMIT CLERK.

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 8 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) DAYS

Contributory (Primary) Heart Ex-haustion

(DURATION) DAYS

(Signed) E. Francis Jones M.D. Coroner

Address —

Date Aug 9 - 1906

Place of Burial Mt Auburn Cemetery

Date Aug 11 + 1906

Undertaker Wm B Pye

Address 102 E Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92645

Ward 14

Registered No. B

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 Brunt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Della M Brunner

{ Residence, if in Baltimore, Give Street and Number. } 2021 Brunt St

92645

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jesse Harwood

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Harriet Harwood

BIRTHPLACE OF MOTHER (State or country): one Knows

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pyle

(Address) 2021 Brunt St

Filed 8/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 10 1906

that I last saw h Ex alive on Aug 9 1906,

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) 8 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) Irvin Edwards M.D.

Address 1701 Penna Ave

Date Aug 10 1906

Place of Burial Mt Auburn Cemetery

Date Aug 12 1906

Undertaker Felix B Pyle

Address 1028 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92646

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92646

City of Baltimore, (No. 25 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mamie Davidson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Christopher Robinson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pye

(Address) 102 E Baltimore St

Filed 8/10 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to Aug 9th 1906 that I last saw h[illegible] alive on Aug 8 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 27 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) D. Grant Scott M. D.

Aug 9 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Aug 11 1906

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Baltimore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

92647

Ward 4

Registered No. B 92647

92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mechmendale Dobcovich

{ Residence, if in Baltimore, Give Street and Number. } City Hospital

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE — years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Lahi Dedjovich

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lillie Hurwitch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Hurwitch

(Address) city Hospital

Filed Aug 10 1906

BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 10 1906 that I last saw h[illegible] alive on Aug 10 1906 and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A Dorsey M.D.

Address City Hospital

Date August 10th 1906

Place of Burial Philip Rd Randale

Date August 10, 1906

Undertaker Max Levinson

Address 113 S Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 92648 — Registered No. B 92648

CERTIFICATE OF DEATH.

(Place of Death.) No. 220 Mt Olivet Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Ann Jones

{Residence, if in Baltimore, Give Street and Number.} 220 Mt Olivet Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1827

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Hoffmann

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Sarah Sapington

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary R. Fisher

(Address) 220 Mt Olivet Lane

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1906

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Aug 9 1906 that I last saw h[illegible] alive on Aug 8 1906 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) —— DAYS

Con'ributory (Primary.) Senile Decay

(DURATION) —— DAYS

(Signed) Henry O'Hahn M.D.

Address Irvington

Date Aug 10 1906

Place of Burial Western Cem:

Date Aug 11th 1906

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B 92649

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Kelmer

{ Residence, if in Baltimore, Give Street and Number. } 616 S. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Peter J. Kelmer

BIRTHPLACE OF FATHER (State or country) Schenandoa Pa

MAIDEN NAME OF MOTHER Louise Buchman

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Kelmer

(Address) 616 S Dallas

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Expired

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 10 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) Thomas Snyder Coroner M.D.

Address 320 N Gaye St.

Date aug 10 1906

Place of Burial Holy Rosary

Date Aug 11 1906

Undertaker Jacob Grankowski

Address 728 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92650

Ward 1 St

Registered No. B 92650

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Cambridge St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Andreas Vogel

{Residence, if in Baltimore, Give Street and Number.} 2114 Cambridge St.

Duration of Residence in Baltimore. 65 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1823

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kane

(Address) 2114 Cambridge St

Filed Aug 11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Fall from Chair

Shock

(DURATION) DAYS

Contributory (Primary)

old Aged (DURATION) DAYS

(Signed) Thomas Luther Comer M.D.

Address 326 N Greene St

Date 190

Place of Burial Mount Carmel

Date Aug 11 1906

Undertaker H Niccolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 5

Registered No. B 92651

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 342 Forrest St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Viola Porter

{ Residence, if in Baltimore, Give Street and Number. } 342 Forrest St

92651

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: July 26 1906

AGE: ___ years, ___ months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Mary Land

FULL NAME OF FATHER: Samuel Porter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Violet Milligan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Porter

(Address) 342 E. Forrest St

Filed 8/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10 1906

I HEREBY CERTIFY, That I attended deceased from July 26-06 1906 to August 10 1906 that I last saw him alive on August 6 1906, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition
Premature Birth

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug. 10 1906

Place of Burial Laurel

Date August 11th 1906

Undertaker R. F. Elliott

Address 506 Pagans Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF

Ward 22 Registered No. B 92652

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Felix Daylidonis.

{Residence, if in Baltimore, Give Street and Number.} 543 Columbia Ave. 92652

Duration of Residence in Baltimore. 13

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED. Married.

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lena Daylidonis

(Address) 543 Columbia Ave

Filed 9/11 1906 HARRY C. ANDERSON PERMIT CLERK Registrar

Lard

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8, 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 8 1906 that I last saw him alive on Aug 8 1906, and that death occurred, on the date stated above, at 7-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

3 weeks (DURATION) — DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 3 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital.

Date Aug 8th 1906

Place of Burial Lauden Park

Date Aug 12" 1906

Undertaker M. S. Finch

Address 2113 N. Rath St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

92653

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92653

City of Baltimore, (No. 2005 Christian St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Greutz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: Feb. (Month) 16 (Day) 1836. (Year)

AGE: 69. years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Kennet

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Vane

(Address) 2202 Christian St

Filed 8/11 1906 HENRY G. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Aug 10 1906

that I last saw her alive on Aug 8 1906,

and that death occurred, on the date stated above, at 8.45 A.M. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 60 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) M. O'Neill M. D.

Aug 10 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Aug 13" 1906

UNDERTAKER: N S Bink — ADDRESS: 2113 W Baltimore ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause* and date of death.

HEALTH DEPARTMENT,

Ward ..... Registered No. B 92654

CERTIFICATE OF DEATH.

(Place of Death.) No. 2436 Canton avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Ey

{Residence, if in Baltimore, Give Street and Number.} .....

92654

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 29 1844

AGE 62 years, 2 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER George Ey

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Ey

(Address) 940 East ave.

Filed Aug 11 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1906

I HEREBY CERTIFY, That I attended deceased from Apr 16th 1906 to Aug 10th 1906 that I last saw him alive on Aug 9th 1906, and that death occurred, on the date stated above, at 11.35 P. M. CAUSE OF DEATH (Secondary or immediate)

Paralysis of Heart muscle

(DURATION) DAYS

Contributory (Primary.) Aortic insufficiency

(DURATION) DAYS

(Signed) Frederick Giesing M.D.

Address 1537 Eden Ave.

Date Aug 11th 1906

Place of Burial Schwartz's Cem.

Date Aug. 12 1906

Undertaker Zirkler + Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTME

Registered No. B 92655

Ward 23

CERTIFICATE OF DEATH.

(Place of Death.) No. 2438 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Brannan 92655

{Residence, if in Baltimore, Give Street and Number.} 2438 S. Charles St

Duration of Residence in Baltimore. 2 years - 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1 - 1904

AGE 2 years, 2 months, - 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Brannan

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Silvers

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 Williams

Filed 8 11 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lacks

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 9 1906

that I last saw her alive on Aug 9 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis. -

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. P. Straus M.D.

Address 1606 Light St

Date Aug 10 1906

Place of Burial New Cathedral Cem

Date Aug 11 1906

Undertaker John J Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92656

City of Baltimore, (No. 922, Pierce St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pearl A. Matthews.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE [illegible]
..... years, 10 ..... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benj. Matthews

BIRTHPLACE OF FATHER (State or country) Francis Milord

MAIDEN NAME OF MOTHER Francis Milord

BIRTHPLACE OF MOTHER (State or country) Balt City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Matthews

(Address) 922 Pierce St

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to August 10th 1906 that I last saw her alive on August 10th 1906, and that death occurred, on the date stated above, at 4.00 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

..... (DURATION) ..... DAYS

Contributory Acute Pneumonia & Asthma

..... (DURATION) about 7D DAYS

(Signed) Geo. H. Laufenbach M. D.

August 11 1906. (Address) 1602 Penna. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lane Cemetery	Aug 13 1906
UNDERTAKER	ADDRESS
Alex H. Grimsley	578 N. Middle Ave

Laib

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DE

Ward 11

Registered No. B 92657.

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harriet Tilman

{ Residence, if in Baltimore, Give Street and Number. } 208 Chase st 92657.

Duration of Residence in Baltimore. Fifty years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 70 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): South Carolina	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Home Work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Binnie

(Address) 208 Chase St

Filed 10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 9th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alex Friedman M.D.

Address Two Lex. Av. Corner

Date Aug. 10th 1906

Place of Burial Laurel Cemetery

Date August 12 — 1906

Undertaker Albert H Hensley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23rd

Registered No. B 92658

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Howe

{ Residence, if in Baltimore, Give Street and Number. } 1122 Light St 92658

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 9 1906

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED X

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Henry Howe

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Florence Tolson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Henry Howe

(Address) 1122 Light St

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lacb

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10 1906

I HEREBY CERTIFY, That I attended deceased from July 3 1906 to August 10 1906 that I last saw him alive on Aug 9 1906, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) 7 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St.

Date August 11 1906

Place of Burial Mt Carmel Cemetery

Date Aug 11 1906

Undertaker Edward L Fanning

Address 1460 Baltimore Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

92659

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92659

City of Baltimore, (No. 713 N. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Donald J. Kennelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 5th (Month) (Day) 1901 (Year)

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Donald J. Kennelly

BIRTHPLACE OF FATHER (State or country): Troy, N. York.

MAIDEN NAME OF MOTHER: Ada Golden

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gated Kennelly

(Address) 713 N. Biddle St

Filed 10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 9, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 9 1906 that I last saw h sm alive on Aug 8 1906, and that death occurred, on the date stated above, at ... M. The CAUSE OF DEATH was as follows:

Scarlet Fever (DURATION) about 9 DAYS

Contributory Acute nephritis (DURATION) 10 DAYS

(Signed) Mary F Voegtlen M. D.

Aug 9, 1906 (Address) 102 S Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Aug 11, 1906

UNDERTAKER: J Bruns & Co. — ADDRESS: 764 N Eutaw St

12 cars Catty

V. Lach

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

HEALTH DEPARTMENT

Ward 8 Registered No. B 92660

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis J. Schneider

{ Residence, if in Baltimore, Give Street and Number. } Same 92660

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 27 1848

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josefina Schneider

(Address) 2000 N. Washington St

Filed Aug 10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug 10 1906

that I last saw him alive on ... 190...,

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate) Hanging, while Delirium from the effects of drink,

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. D. Schaub M.D.

Address 211 W. Lemmon Same

Date Aug 10th 1906

Place of Burial St Mathews Cemetery

Date Aug 13th 1906

Undertaker Christian Miller

Address Gilmor st & Montford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

92661

Ward 7 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Coldnight & Pattison Park ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Rezacz

{ Residence, if in Baltimore, Give Street and Number. } 932 N. Bradford 92661

Duration of Residence in Baltimore. Five months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Canton Rezac

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Rezac

Address 621 Gaston ave

Filed 8/11 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 to Aug 9 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, legs off & body crushed Struck by Eng of P. B & W. R.R. accidental

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilchrist Coroner M.D.

Address 211 N. Lennox

Date Aug 10 th 1906

Place of Burial Oak Hill Park

Date Aug 11 1906

Undertaker Frank Enoch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DE...

Ward 14

Registered No. B 92662

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 W Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip A Ohm

{ Residence, if in Baltimore, Give Street and Number. } 116 No Greene St 92662

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 5 1859

AGE: 46 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry P Ohm

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hy Ohm

(Address) 116 N Greene St

Filed 8/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190... to ... 190..., that I last saw h... alive on ... 190..., and that death occurred, on the date stated above, at ...m. CAUSE OF DEATH (Secondary or Immediate)

Hemmorhage from Lungs.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address 649 W Lafayette Ave

Date Aug 11 1906.

Place of Burial Loudon Park

Date Aug 14 1906

Undertaker W J Tarbert Sons Embalmers

Address

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 92663

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Harford ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Timothy A Murphy

{Residence, if in Baltimore, Give Street and Number.} 805 Harford ave

92663

Duration of Residence in Baltimore. about 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White

DATE OF BIRTH: 18

AGE: 41 years, ✓ months, ✓ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mc Princon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Murphy

(Address) 805. Harford Ave.

Filed 8/10 1906

HARRY C. ANDRESS
PERMIT CLERK. Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 10 1906

I HEREBY CERTIFY, That I attended deceased from April 1 1906 to Aug 10 1906 that I last saw h-- in alive on Aug 2 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

8 Mos (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) 10 DAYS

(Signed) James M Fenton M.D.

Address 706 Chase St

Date Aug 10 1906

Place of Burial New Cathedral

Date August 13th 1906

Undertaker H. W. Jenkins & Sons Co

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92664

Ward 72

Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. # 617 W. Montg. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Pulley

{Residence, if in Baltimore, Give Street and Number.} 617 W Montg. St

Duration of Residence in Baltimore. life

92664

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Emma Pulley

Address: 617 W. Montg

Filed: 8/11 1906

BARRY C. ANDREWS, PERMIT CLERK, Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 10 1906

that I last saw him alive on Aug 10 1906

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 7 DAYS

Contributory (Primary) Heart Failure

(DURATION) 7 DAYS

(Signed) O. H. Fowler M.D.

Address # 712 S Bond St

Date Aug 11 1906

Place of Burial Mt Auburn

Date Aug 12 1906

Undertaker Jno. O. H. Toadvin

Address 206 Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAL[illegible]EPAR[illegible] City of Baltimore.

Ward 4

Registered No. B 92665

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roman Brown

{Residence, if in Baltimore, Give Street and Number.} 618 Aiken alley 92665

Duration of Residence in Baltimore. 12 years 92665

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: col.

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: eduard Cooper

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cooper

(Address) 618 Aiken alley

Filed 10 1906 BARRY O'ANDREWS PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to Aug 9 1906 that I last saw h[illegible] alive on Aug 4 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Paralysis

(DURATION) — DAYS

Con[illegible]tributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug. 9. 1906

Place of Burial Mt Auburn

Date Aug 11 1906

Undertaker Sword Jenkins

Address 206 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

B-92666

missing

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 92667

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 S Wolf Helen Rajmiez St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Rajmiez 92667.

{Residence, if in Baltimore, Give Street and Number.} 515 S Wolf

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 11 1905

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Emil Rajmiez

BIRTHPLACE OF FATHER (State or country) Russia Poland.

MAIDEN NAME OF MOTHER Annie Zenkewicz

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Rajmisz

(Address) 515 S. Wolfe St

Filed 8/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 10 1906

that I last saw h[illegible] alive on Aug 10 1906

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or immed[illegible]

Acute Enteritis

(DURATION) 3 DA

Contributory (Primary.)

(DURATION)

(Signed) J. J. Blantum M.D.

Address 16 E Baltimore

Date Aug 11

Place of Burial St Stanislaus

Date Sunday Aug 12

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 92668

Ward 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 956 Franklin Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis L. Ingers.

{ Residence, if in Baltimore, Give Street and Number. } 956 Franklin Road 92668

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colord

DATE OF BIRTH 1

AGE 2 years, months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Myers

BIRTHPLACE OF FATHER (State or country) Carroll Co

MAIDEN NAME OF MOTHER Mary E. Harris

BIRTHPLACE OF MOTHER (State or country) Howard Co

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Myers

(Address) 956 Franklin Road

Filed 8/11 1906 HARRY C. ANDREWS, PERCY [illegible] Registrar

L Loth

WM. J. CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 10 1906

that I last saw her alive on Aug 9 1906

and that death occurred, on the date stated above, at 9

A. M. CAUSE OF DEATH (Secondary or immediate)

Bronchitis

(DURATION) [illegible] DAYS

Contributory (Primary.) Stomatitis

(DURATION) [illegible] DAYS

(Signed) A H Fowler M.D.

Address 712 S. Ann

Date Aug 11th 1906

Place of Burial Mt Calvary Cem

Date Aug 11

Undertaker Wm J Johnson

Address 1400 Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 12

Registered No. B 92669

CERTIFICATE OF DEATH.

(Place of Death.) No. Walbert Apartment House St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clifford F. Ward

{Residence, if in Baltimore, Give Street and Number.} Charles & Lafayette Ave.

Duration of Residence in Baltimore. Life

92669

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 7 1857

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: Joshua Wood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Hott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. J. Ward

(Address) Cathedral & Mt. Vernon Pl.

Filed 1/10 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1905 to Jan 10 1906

that I last saw h— alive on — 190—;

and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Coroner

Address 408 N. Eutaw St.

Date Jan 10 1906

Place of Burial Loudon Park

Date Aug 12 1906

Undertaker Lem Boak

Address 5028 South Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92670 — 92670

Ward 14 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Gill

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 10th 1906

AGE: — years, — months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: (?)

BIRTHPLACE OF FATHER (State or country): (?)

MAIDEN NAME OF MOTHER: (?)

BIRTHPLACE OF MOTHER (State or country): (?)

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Sbrocchi

(Address) 501-E. 22nd St

Filed Aug 11 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 28th 1906 to Aug 10th 1906 that I last saw him alive on Aug 9th 1906, and that death occurred, on the date stated above, at 6 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Cabn.

(DURATION) 13 DAYS

Contributory (Primary.) Exanthema (DURATION) 13 DAYS

(Signed) F. Sbrocchi M.D.

Address 501-E. 22nd St.

Date Aug 10th 1906

Place of Burial New Cathedral

Date Aug 11th 1906

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92671 — Registered No. B 92671

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml Adams

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4 1906

AGE: ..... years, 1 months, 5 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Grunert

(Address) 501-E 22nd St

Filed Aug 11 1906 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to Aug 10 1906 that I last saw h.. alive on Aug 10 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 15 DAYS

Contributory (Primary) Inanition (DURATION) 15 DAYS

(Signed) H S Grunert M.D.

Address 501-E 22nd St

Date Aug 10th 1906

Place of Burial New Cathedral

Date Aug 11th 1906

Undertaker Martin Fahey Jr Co

Address 601 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92672

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Anthony C Helfrich

Registered No. B 92672

City of Baltimore, (No. 678 Pierce St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

an unnamed infant of Mary E

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anthony C. Helfrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 10th 1906 (Month) (Day) (Year)

AGE: 7 Hours years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Anthony C Helfrich

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Ruckert

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony C Helfrich

(Address) 678 Pierce St

Filed Aug 11 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 06 birth a.m. to 2 P.m. Aug 10 06 190 to 190

that I last saw him alive on Aug 10th 1906,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows: Same as

Aug.

Infant Premature

& only lived Few Hours

& was unconscious (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. F. Hill M. D.

Aug 10th 1906 (Address) 1011 Ed Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 11th 1906

UNDERTAKER: Matthew Cadogan — ADDRESS: 696 ½ Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92673

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH.

Registered No. B 92673

City of Baltimore, (No. 2725 Hudson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Boehmline

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Aug (Month) 9 (Day) 1906 (Year)

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank Boehmline

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Evene

BIRTHPLACE OF MOTHER (State or country) Norfolk Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Boehmline

(Address) 2725 Hudson St.

Filed Aug 11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 10 1906 that I last saw h— alive on Aug 10 1906, and that death occurred, on the date stated above, at 2— P.M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) 1 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) O. L. Long M. D.

Aug 11 1906 (Address) 2429 Fait Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Sacred Heart | DATE OF BURIAL Aug 11 1906

UNDERTAKER HENRY SANDLER & SONS. | ADDRESS S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W

Registered No. B 92674

108

CERTIFICATE OF DEATH.

(Place of Death.) No. University of Md Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William R Howard

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 12 1872

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thos B Howard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Frances Bell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos B Howard

(Address) Monkton

Filed Aug 11 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 11 1906 that I last saw h alive on Aug 11 1906 and that death occurred, on the date stated above, at 12.30 A M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 7 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug. 11 1906

Place of Burial Hoods Mill

Date Aug 11 1906

Undertaker W J Tabler & Son

Address Edmondson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92675

CERTIFICATE OF DEATH.

(Place of Death.) No. Beatty's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Anna Evans

{Residence, if in Baltimore, Give Street and Number.} Beatty's Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Aug~~ Nov 6 1905

AGE: ..... years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm Evans

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Nicolaus

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Evans

(Address) House without No. in Beatty Court

Filed Aug 12th 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1906 to Aug. 11th 1906 that I last saw her alive on .. .. 190.., and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Gastro-Enteritis

(DURATION) 14 DAYS

(Signed) J. L. Dinner M.D.

Address 1735 Bank

Date Aug 11th 1906

Place of Burial Mount Carmel

Date Aug 14th 1906

Undertaker N. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 92676

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lee

{Residence, if in Baltimore, Give Street and Number.} 715 Sarah Ann St.

Duration of Residence in Baltimore. 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH — 1853

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: John Lee

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Sophie —

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lee

(Address) 715 Sarah Ann St.

Filed Aug 12 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

L.K.L.B.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10th 1906.

I HEREBY CERTIFY, That I attended deceased from August 9th 1906 to Aug 10th 1906 that I last saw him alive on Aug 10th 1906 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Ulcer ? Asthma (DURATION) 10 DAYS

Contributory (Primary.)

Cachexia (DURATION) 60 DAYS

(Signed) Edward E Mackenzie M.D.

Address 1339 W. North Ave.

Date Balto Aug 11th 1906.

Place of Burial Asbury Cemetery

Date August 12th 1906

Undertaker Felix B. Pye.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B 92677

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 Georgesh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Russel Gross

{Residence, if in Baltimore, Give Street and Number.} 706 Georgesh

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Truman

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Margret Gross

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Gross

(Address) 706 George St

Filed Aug 12th 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1906 to Aug 11th 1906

that I last saw him alive on Aug 10th 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) John McCarty M.D.

Address 656 W Franklin St

Date Aug 11th 1906

Place of Burial Mt Auburn Cem

Date August 12th 1906

Undertaker Felix B Bays

132 E Mulberry St

J. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 92678 — Registered No. B 92678

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 N. Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret A. Thompson.

{Residence, if in Baltimore, Give Street and Number.} 1007 N. Calhoun St.

Duration of Residence in Baltimore. 9 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Colored.

DATE OF BIRTH: March 8. 1876

AGE: 30 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Chas. Co. Md.

FULL NAME OF FATHER: Henry M. Thompson.

BIRTHPLACE OF FATHER (State or country): Chas. Co. Md.

MAIDEN NAME OF MOTHER: Mary C. Jones.

BIRTHPLACE OF MOTHER (State or country): Chas Co. Md.

OCCUPATION OF DECEASED: School Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. M. Thompson.

(Address) 1007 N. Calhoun St.

Filed Aug 12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1906

I HEREBY CERTIFY, That I attended deceased from about July 1904 to Augt 10th 1906 that I last saw her alive on Augt 10th 1906 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteris

Appendages.

Last three (DURATION) six months DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A T Bell M.D.

Address 1321 N. Laurel St

Date August 11th 1906

Place of Burial Mt Auburn

Date August 13th 1906

Undertaker Felix B. Pope

Address 102 E Middleburg St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92679

Ward 5

Registered No. B 92679

CERTIFICATE OF DEATH.

(Place of Death.) No. 345½ Forest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George F. Rocks

{ Residence, if in Baltimore, Give Street and Number. } 345½ Forest

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	m
COLOR	W
DATE OF BIRTH	April 10 1906
AGE	years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Rocks
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Maggie Duran
BIRTHPLACE OF MOTHER. (State or country)	Balto Co
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rocks

(Address) 345½ Forrest St

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 11 1906

that I last saw h[e] alive on Aug 10 1906

and that death occurred, on the date stated above, at 1

11. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 4 days

Contributory (Primary.) Enteritis

(DURATION) 2 days

(Signed) J Wilentine M.D.

Address 11 S Broadway

Date Aug 11 1906

Place of Burial Holy Redeemer

Date Aug 12 1906

Undertaker Henry Houck & Son

Address 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92680

Ward ..... Registered No. B 92680

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 South Collington Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary Miller -

{ Residence, if in Baltimore, Give Street and Number. } Mo. 505 S. Collington Ave -

Duration of Residence in Baltimore. during life -

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 46 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Md.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Miller

(Address) 505 S. Collington Ave

Filed

Aug. 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1906

I HEREBY CERTIFY, That I attended deceased from July 22nd 1906 to Aug 11th 1906

that I last saw h.. alive on Aug 8th 1906,

and that death occurred, on the date stated above, at 8 ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about two weeks -

(DURATION) DAYS

Con'tributory (Primary.) Interstitial Hepatitis

about a year

(DURATION) DAYS

(Signed) Fred'k A. Bonadé M.D.

Address 2421 E. Balt. St -

Date Aug. 11th 1906 -

Place of Burial ~~Holy Redeemer~~ Druid Home

Date Aug. 14th 1906

Undertaker Wendell Lippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** the said city it shall notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate his or her last sickness, or the Coroner, when the case comes under setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

92681

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92681

City of Baltimore, (No. 229 N. Collington ave ~~St.~~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Drigmiller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 18th (Day) 1873 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Drigmiller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cora Lochner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abr. Gutherz M.D.

(Address) 25 N. Preston St.

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to Aug 11th 1906

that I last saw him alive on 11 10th 1906,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Has suffered from Diabetes Mellitus for several Months
Skin Eruption, was in Hopkins Hospital
for sometime (DURATION) ..... DAYS

Contributory ~

(DURATION) ..... DAYS

(Signed) Abr. Gutherz M. D.

8-11-1906 (Address) 25 N. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 13 1906

UNDERTAKER: Wendell Dippel — ADDRESS: Sa. 3308 Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92682

City of Baltimore, (No. 402 W. Regester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Haake Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Haake.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frank Haake

(Address) 402 n Regester St

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26th 1906 to Aug 10th 1906

that I last saw him alive on Aug 10th 1906,

and that death occurred, on the date stated above, at 11.30 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) M. C. Parker M. D.

Aug 10th 1906 (Address) 105 Ausgusta

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 13 1906

UNDERTAKER: Wendell Dipple Son — ADDRESS: 3208 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 92683 Registered No. B 92683

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fahrens

{Residence, if in Baltimore, Give Street and Number.} 1604 Lancaster St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Albert Fahrens.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Tekla Pichonna

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fahrens

(Address) 1604 Lancaster St

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Paraplegia, from fracture dorsal vertebra,

(DURATION) 1 DAYS

Contributory (Primary.) accidental fall from window (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave

Date Aug 11 " 1906

Place of Burial St Stanislaus.

Date Monday Aug 13 " 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

will remove to 1604 Lancaster St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92684

City of Baltimore, (No. 1034 Homewood ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard J. Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 24 1905 (Month) (Day) (Year)

AGE: — years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph W Gordon

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Linn

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gordon

(Address) 1634 Homewood ave

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 11 1906 that I last saw h— alive on 11 10 1906, and that death occurred, on the date stated above, at 11 a. M. The CAUSE OF DEATH was as follows:

Entero — Colitis

(DURATION) 6 DAYS

Contributory Ex Lawton (DURATION) 5 DAYS

(Signed) W B Perry M. D.

Aug 11th 1906 (Address) 2116 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Aug 12th 1906

UNDERTAKER: A F Philbin

ADDRESS: 1711 McCulloh

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92685

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92685

City of Baltimore, (No. 1630 Vincent st. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME infant of Frederick and Rosa Patteris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Aug. (Month) 11 (Day) 1906 (Year)

AGE: ..... years, ... months, 11 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): city

FULL NAME OF FATHER: Frederick Patteris

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosa Hopkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Patteris

(Address) 1630 Vincent st

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1 P.M. 1906 to Aug 11 12 M. 1906

that I last saw h-r alive on Aug 11, 1906,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Premature birth (about 6 mo)

..... (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) Claude Stonesifer M. D.

1906 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: Aug 13 1906

UNDERTAKER: Wm J. Johnson — ADDRESS: 1000 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92686

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92686

City of Baltimore, (No. 798 W Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah S Caskey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 1 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H C Caskey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Carrie S Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Caskey

(Address) .....

Filed Aug 12 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 10 1906 that I last saw h[er] alive on Aug 10 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Tubercular Arthritis + Cerebro Spinal Meningitis

(DURATION) 31 DAYS

Contributory Dyspnoea

(DURATION) 5 DAYS

(Signed) Augustus Long M. D.

Aug 11 1906 (Address) 732 Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Aug 12 1906

UNDERTAKER: C H Blizzard & Co | ADDRESS: 1119 Pace

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 92687 — Registered No. B 92687

CERTIFICATE OF DEATH.

(Place of Death.) No. 1444 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lee Eugene Turner

{Residence, if in Baltimore, Give Street and Number.} 1444 E. Monument

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 23d 1876

AGE 29 years, 7 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Chas Co. Md

FULL NAME OF FATHER James H. Turner

BIRTHPLACE OF FATHER (State or country) Chas Co. Md

MAIDEN NAME OF MOTHER Emily Moxley

BIRTHPLACE OF MOTHER (State or country) Wash. D.C

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1444 E. Monument St

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug 10th 1906

that I last saw h.. alive on Aug 10th 1906.

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 18 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Jno. Burke Boyle M.D.

Address 1001 N. Calvert St.

Date Aug 11th 1906

Place of Burial St Vincents

Date Aug 13th 1906

Undertaker W. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92688

City of Baltimore, (No. 2838 n. Laval St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence J. Boarman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 21 (Month) (Day) 1905 (Year)

AGE: — years, 10 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltio

FULL NAME OF FATHER: Geo. R. Boarman

BIRTHPLACE OF FATHER (State or country): Baltio

MAIDEN NAME OF MOTHER: Annie Monkel

BIRTHPLACE OF MOTHER (State or country): Baltio

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. Boarman

(Address) 2838 W Laval St

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to Aug 10 1906

that I last saw him alive on Aug 10 1906,

and that death occurred, on the date stated above, at 10 P M. The CAUSE OF DEATH was as follows:

Enteric Colitis

(DURATION) DAYS

Contributory Consumption

(DURATION) DAYS

(Signed) J B Bryan M.D.

Aug 10 1906 (Address) 1804 North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western cem	8-12 1906
UNDERTAKER	ADDRESS
Robt Brookes	17 Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

92689

Ward 7

Registered No. B 92689

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Shakspeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Jockiewicz

{Residence, if in Baltimore, Give Street and Number.} # 1618 Shakspeare St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 19 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank Buckowsky

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leopold Jockiewicz

(Address) 1618 Shakespeare

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th, 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to Aug 11 1906 that I last saw her alive on Aug. 11 1906, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary, or Immediate)

Tuberculosis

(Pulmonary)

about 5 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna St.

Date Aug. 12th, 1906

Place of Burial Holy Rosary

Date Aug 13 1906

Undertaker Jacob Fralkowski

Address 1428 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 92690 Registered No. B 92690

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 S. Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bernard Pyachorski

{Residence, if in Baltimore, Give Street and Number.} 815 S. Ann st-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male	COLOR white
DATE OF BIRTH June 20 th 1906	
AGE ..... years, 2 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Matthew Pyachorski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Alexandra Zalaczka
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Pyachorski

(Address) 815 S. Ann

Filed Aug 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12 th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 11 th 1906 to Aug 11 th 1906 that I last saw h m alive on " " 1906, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

Same (DURATION) DAYS

(Signed) J. L. Winsin M.D.

Address 1735 Bank st

Date Aug 12 th 1906

Place of Burial Holy Rosary

Date Aug 13 1906

Undertaker Jacob Fialkowski

Address 428 Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92691 Registered No. B 92691

CERTIFICATE OF DEATH.

105.

(Place of Death.) No. 1307 Kufus Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie F. Poole

{Residence, if in Baltimore, Give Street and Number.} 1307. Kufus Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md Balto

FULL NAME OF FATHER William Poole

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Mack

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 W. Lombard

Filed Aug 12 1906

Registrar

GCW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug- 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 10 1906

that I last saw h ..... alive on ..... 190.....

and that death occurred, on the date stated above, at 1.45 P.M.

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C Thompson M.D.
Coroners Asst

Address .....

Date Aug 12 1906

Place of Burial Loraine Cem

Date Aug 12th 1906

Undertaker John D Fields

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 92692 — Registered No. B 92692

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Gaines

{Residence, if in Baltimore, Give Street and Number.} 1717 Capitalave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 5 1862
AGE	43 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Geis
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Mary Dreffler
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cabenet Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schrank

(Address) 100 N. Port St

Filed Aug 12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11-1

1. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) DAYS

Contributory (Primary) Accidentally

Crushed in Elevator (DURATION) DAYS

(Signed) Benj. B. Hayden M.D.

Address 408 N. Exeter St

Date Aug. 12 1906

Place of Burial Holy Redeemer Cem

Date Aug 13 1906

Undertaker A. Finke & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 92693

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah B. Butler.

{Residence, if in Baltimore, Give Street and Number.} 849 Hamilton Terrace.

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 7 1855

AGE 51 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Daniel Butler

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rose Bartol

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cordelia Butler

(Address) 849 Hamilton Terrace

Filed Aug 12 1906 Baltimore

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11, 1906

I HEREBY CERTIFY, That I attended deceased from June 21, 1906 to Aug 11, 1906 that I last saw her alive on Aug 11 1906, and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Pylorus of stomach.

? (DURATION) ? DAYS

Contributory (Primary.) Cachexia (DURATION) ? DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date Aug 12 1906

Place of Burial Pikesville Md

Date August 13. 1906

Undertaker Samuel E. Hough Co.

Address 1429 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward 11 — 92694 — Registered No. B 92694

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 W Mulbery St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John. T. Aler

{Residence, if in Baltimore, Give Street and Number.} 416 W Mulbery S

Duration of Residence in Baltimore. about 70 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 8th 1818

AGE: 88 years, 6 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Aler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): " do

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Washington J Aler

(Address) 416 W Mulberry St

Filed Aug 12 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Aug 11 1906 that I last saw h in alive on Aug 10 1906 and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate.)

old age

(DURATION) DAYS

Contributory (Primary.) old age

(DURATION) AYs

(Signed) W. P. Morgan M.D.

Address 315 N Monument St

Date Aug 12th 1906

Place of Burial Greenmount Cemetery

Date Aug 13th 1906

Undertaker Stewart & Mowen

Address 216 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward 10 Registered No. B 92695

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Louis Olein Young

{Residence, if in Baltimore, Give Street and Number.} 507 N Carey

92695

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH July 11 1872

AGE 33 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER Thos Young

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ada Baker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Quarryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Young

(Address) 507 N Carey st

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 11 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Struck by train #5322 P. Bow. RR. Train Aug 6 1906

Cadaveric Stature Broken Neck on Rt Side Contusion Head (DURATION) DAYS

Contributory (Primary) Internal injuries & Shock (DURATION) DAYS

(Signed) C. Francis Jones M.D. Coroners Phys

Address

Date Aug 11 1906

Place of Burial Loudon Park

Date Aug 13 1906

Undertaker Wm Peter Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

92696

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92696

City of Baltimore, (No. 574 N Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec. (Month) 26 (Day) 1820 (Year)

AGE: 85 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Moore

(Address) 574 N. Central Ave

Filed Aug 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1906 to Aug 10th 1906

that I last saw h[illegible] alive on Aug 11 1906,

and that death occurred, on the date stated above, at 4 a. M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ÷ DAYS

Contributory general debility

(DURATION) DAYS

(Signed) J. A. Sewell M. D.

Aug 11th 1906 (Address) 1402 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 13 1906
UNDERTAKER	ADDRESS
Wm J Gray Co	525 Lamb

WM. J. C. DULANY CO., BALTIMORE

Lab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92697

City of Baltimore, (No. Falls Road 3619 St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Burslem

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 17th (Day) 1849 (Year)

AGE: 57 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Manchester, England

FULL NAME OF FATHER: James Burslem

BIRTHPLACE OF FATHER (State or country): Manchester England

MAIDEN NAME OF MOTHER: Ellen Wood

BIRTHPLACE OF MOTHER (State or country): Manchester England

OCCUPATION OF DECEASED: Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest A. Burslem

(Address) 3619 Falls Road

Filed 8/13 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug. 10 1906

that I last saw h[illegible] alive on Aug 10 1906,

and that death occurred, on the date stated above, at 7.05 P. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

3 (DURATION) DAYS

Contributory Exhaustion

3 (DURATION) DAYS

(Signed) J. H. Robinson M. D.

Aug 11 1906 (Address) 776 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Aug 13 1906

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

Lab

Ward 10 — Registered No. B 92698

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isidora L Bauge

{Residence, if in Baltimore, Give Street and Number.} 1614 E. Monument St

Duration of Residence in Baltimore. Two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Aug. 9th 1861

AGE: 45 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: John Leuthold

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Lydia Stine

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Bauge

(Address) 15 Simon Gay St.

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(Post mortem No. Nine)

Uraemia (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Benjamin M.D.

Address 700 Log. Ave. (Grove)

Date Aug. 12th 1906

Place of Burial Westminster

Date Aug. 14 1906

Undertaker Wm Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

1614 Monument

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92699

City of Baltimore, (No. 1821, N. Appleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lewis Brodie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 31 1823 (Month) (Day) (Year)

AGE: 83 years, 4 months, 11 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: John L. Brodie

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Martha Eaton

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Brodie

(Address) 1821 N. Appleton

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Zach

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 11 1906

that I last saw him alive on Aug 11 1906,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

General debility - due to age

complaining — (DURATION) Some time DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Lewis McEachen M. D.

Aug 12 1906 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Aug 13 1906

UNDERTAKER: Josiah Syfer

ADDRESS: 1606 N North Ave

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B 92700

125

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 E. Eager St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ulrich Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1315 E Eager St 92700

Duration of Residence in Baltimore. 5-3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Bello

(Address) 1315 E Eager St.

Filed 9/13 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 3d 1906 to Aug 11th 1906

that I last saw him alive on Aug 11th 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Enlarged Prostate Gland.

Jaundice (DURATION) — DAYS

Contributory (Primary.) Pyelitis, Acute (DURATION) 10 DAYS

(Signed) H. H. Chamberlain M.D.

Address 18 W Fremont Ave

Date Aug 13th 1906

Place of Burial Baltimore Cemetery

Date Aug. 14th 1906

Undertaker Henry Hooks Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 92701

CERTIFICATE OF DEATH.

(Place of Death.) No. 1156 Columbia Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Schad.

{Residence, if in Baltimore, Give Street and Number.} 1156 Columbia Ave.

Duration of Residence in Baltimore. 45 years. 92701

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male.
COLOR	White
DATE OF BIRTH	February 7. 1834
AGE	72 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Ferdinand Schad
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Carolina Gross.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Pharmacist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. P. Hetz.

(Address) 1156 Columbia Ave.

Filed 8/13 1906 MARRY O. AMOROSO PERMIT CLERK. Registrar

Zach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 9 1906 that I last saw h~~im~~ alive on Aug 7 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 5 DAYS

(Signed) Henry Byrd M.D.

Address 1121 Columbia Ave

Date Aug 10 1906

Place of Burial Baltimore Cemetery

Date August "13" 1906

Undertaker Philip Selvaldy Son

Address 114 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B 92702

CERTIFICATE OF DEATH.

(Place of Death.) No. Dock at foot of Cowden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Gray.

{ Residence, if in ~~Baltimore~~, Give Street and ~~Number~~. } 222 Peffer St. Harrisburg Va Pa.

Duration of Residence in Baltimore. 3rd visit - 1 day in Dallo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 4. 1885.

AGE: 21. years, — months, 8. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Harrisburg Va. Pa.

FULL NAME OF FATHER: William H. Gray

BIRTHPLACE OF FATHER (State or country): Harrisburg.

MAIDEN NAME OF MOTHER: Margaret Fay.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bookbinder -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Gray

(Address) 222. Peffer St-

Filed 8/13 1906 HARRY O'T ANDREWS. PERMIT CLERK. Registrar

Tait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 to Death 190-

that I last saw h- alive on — 190-,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Drowned

Accident

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. D. Hamilton M.D.

Address 711 N. Eutaw St. Cor Lexington

Date Aug. 13th 1906

Place of Burial Harrisburg Va Pa.

Date Aug. 13- 1906

Undertaker Daniel and M. G. Flynn

Address 42. E. Mt. St. -

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V. Registered No. B 155

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 S Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henriette M. Vollmer.

{Residence, if in Baltimore, Give Street and Number.} 316 S Hanover St.

Duration of Residence in Baltimore. 16 Years 92703

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH July 11th 1877

AGE 29 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER France Vollmar.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Augusta Fuerke.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. H. Gerhke

(Address) 316 S Hanover St.

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

= Suicide =

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Aug 13 190

Place of Burial London Park Cemetery

Date Aug 14th 190

Undertaker Mr & Mrs John H. Teufel.

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92704
105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92704

City of Baltimore, (No. 308, W Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna Clarke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 28 July (Month) (Day) 1 (Year)

AGE: 2 week years, 2 days months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Edgar Clarke

BIRTHPLACE OF FATHER (State or country): don't know

MAIDEN NAME OF MOTHER: Ray Herbert

BIRTHPLACE OF MOTHER (State or country): York Co. Pennsylvania

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs [illegible] Taken

(Address) 308 W Madison

Filed 8/13 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 10 1906 that I last saw her alive on Aug 10 1906, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Enters - Colitis

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) A D Macdonald M. D.

Aug 12 1906 (Address) 1501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery | DATE OF BURIAL: Aug 13 1906

UNDERTAKER: M Cadogan | ADDRESS: 696 W Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Fait

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 92705

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Junker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Mayreon

{Residence, if in Baltimore, Give Street and Number.} 1817 Penna Ave 92705

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Fletcher

(Address) 1817 Penna Ave.

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Death 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Narcotic Poison

Suicide

(DURATION) — DAYS

Contributory (Primary.) Dependency

(DURATION) DAYS

(Signed) Benj S. Hayden Coroner M.D.

Address 408 N Exeter St

Date Aug 13, 1906

Place of Burial Balto Hebrew Cemetery

Date August 13 1906

Undertaker Ward & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92706

City of Baltimore, (No. 1422 E. Preston St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Catherine Stansbury.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 8th (Day) 1906 (Year)

AGE: ..... years, 5 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Percy Stansbury

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Florence A Hamilton

BIRTHPLACE OF MOTHER (State or country): Balto. md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy J Stansbury

(Address) 1422 E. Preston

Filed ..... 190 .....

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 12th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7th 1906 to Aug 12th 1906 that I last saw h[illegible] alive on Aug 12th 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Enteric-Colitis

(DURATION) 21 DAYS

Contributory Convulsions

(DURATION) 4 hours DAYS

(Signed) Percy Stansbury M. D.

Aug 12 1906 (Address) 1422 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Aug 14 1906
UNDERTAKER	ADDRESS
Henry Lutz	1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered No. B 92707

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 Falls Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clara Ford

{Residence, if in Baltimore, Give Street and Number.} 413 Falls Road

Duration of Residence in Baltimore. Life

92707

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 31. 1906

AGE: ..... years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Edward Ford

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Clara Coy

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ford (Father)

(Address) 413 Falls Road

Filed 8/13 1906 HARRY C. KINDRICK, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Aug 11th 1906

that I last saw her alive on Aug 11 1906,

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis followed by Purpura hemorrhagica & Collapse

(DURATION) 4 DAYS

Contributory (Primary) Marasmus (Double Pneumonia)

(DURATION) ..... DAYS

(Signed) John H. Ford M.D.

Address 800 1st Ave

Date Aug 12th 1906

Place of Burial St Marys Hampden

Date Aug 13. 1906

Undertaker Wm E. Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

Registered No. B 92708

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Hanover & Ohio Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Lehner

{ Residence, if in Baltimore, Give Street and Number. } Landsdowne

Duration of Residence in Baltimore. Last Day

92708

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1

AGE: about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ' '

MAIDEN NAME OF MOTHER: ' '

BIRTHPLACE OF MOTHER (State or country): ' '

OCCUPATION OF DECEASED: Flagman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lehner

Address Landsdowne Md

Dec 13 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

Tach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6-7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to 1906

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull Hit by B & O Eng at Crossing Hanover & Ohio Ave - Injuries accidental.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gebhardt Coroner M.D.

Address 711 N. Lemmon

Date Aug 7th 1906

Place of Burial London Park

Date Aug 9 1906

Undertaker Jno. J. Tilton Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92709

City of Baltimore, (No. 1015 Hanover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Ruhland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 13 (Day) 1855 (Year)

AGE: 50 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: August Ruhland

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara E. Ruhland

(Address) 1015 Hanover St

Filed 8/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug 11 1906 that I last saw h im alive on Aug 11 1906, and that death occurred, on the date stated above, at 9.15 A. M. The CAUSE OF DEATH was as follows:

Ulcerative and Destructive Laryngitis & Bronchitis

(DURATION) 90 DAYS

Contributory Exhaustion, Laryngitis

(DURATION) DAYS

(Signed) William T. Cathell M. D.

Aug 11 1906 (Address) 1308 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Aug 14 1906

UNDERTAKER: E. Schlosman & Son

ADDRESS: 1034 Hanover St

Fails

deceased, and the **cause and date of death.**

92710

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2633 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elen Zyski

{ Residence, if in Baltimore, Give Street and Number. } # 2633 Hudson St.

Duration of Residence in Baltimore. Life-time 92710

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Michael Zyski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Purud.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Zyski.

(Address) 2633 Hudson St

Filed 8/13 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Aug. 12 1906 that I last saw her alive on Aug. 11 1906, and that death occurred, on the date stated above, at 10½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.) /

(DURATION) DAYS

(Signed) Johnst. Rehberger M.D.

Address # 709 Alicanna St.

Date Aug. 12 1906.

Place of Burial St Stanislaus.

Date Monday Aug 13 " 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92711

CERTIFICATE OF DEATH.

(Place of Death.) No. 1507 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Ward

{ Residence, if in Baltimore, Give Street and Number. } 1507 N. Broadway

92711

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 20 1857

AGE 48 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Luther S. Ward

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER E. D. Cornelius

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna F. Ward

(Address) 1507 N. Broadway

Filed 8/13 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Aug 10 1906

that I last saw him alive on Aug 10th 1906,

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Multiple Hemorrhages

(DURATION) 540 DAYS

Contributory (Primary.) Paralysis 1 Year (DURATION) Institution DAYS

(Signed) Edward Rattenden M.D.

Address 208 Aquidneck

Date Aug 12th 1906

Place of Burial Greenmount

Date Aug. 13th 1906

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Caston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roland Davis

{Residence, if in Baltimore, Give Street and Number.} 1743 Monument 92712

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: — 1	
AGE: ..... years, 7 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Jefferson Davis	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Senora Lucas	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jefferson Davis

(Address) 1743 Monument St

Filed 8/13 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

Jacobs

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 11 1906

that I last saw him alive on Aug 10 1906,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rennie M.D.

Address 2 West Biddle St

Date Aug 11 1906

Place of Burial Laurel Cemetery

Date Aug 13. 1906

Undertaker R. H. Elliott

Address 506 Druid Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B 92713

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 Bluecher Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Viola French

{Residence, if in Baltimore, Give Street and Number.} 839 Bluecher Ave

Duration of Residence in Baltimore. Life

92713

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 13 1884

AGE: 21 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Frank Potts

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Margaret A. Phillips

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth French

(Address) 839 Bluecher Ave

Filed 8/13 1906 MARY C. ANDERS, Registrar PERMIT CLERK.

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from Mar 26th 1906 to Aug 11th 1906 that I last saw her alive on Aug 10th 1906 and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ulcerations of Larynx

(DURATION) 90 DAYS

Con'tributory (Primary.) Tuberculosis

(DURATION) 5 mos DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date Aug 11th 1906

Place of Burial St Mary's

Date Aug 13 1906

Undertaker A. B. Mansfield

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 92714

Registered No. B 92714

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Margt. Touhey

{Residence, if in Baltimore, Give Street and Number.} 419 E. Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec. 7 1905

AGE ..... years, 8 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos. M. Touhey

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary J. Grady

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY KNOWLEDGE~~ AND BELIEF.

(Informant) Mother

(Address) 419 E. Madison St

Filed Aug 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to 13 1906

that I last saw h[illegible] alive on Aug 12 1906

and that death occurred, on the date stated above, at 12.35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pertusis

5 weeks (DURATION) ~~DAYS~~

Con'ributory (Primary.) Pneumonia

11 days (DURATION) ~~DATE~~

(Signed) Anthony L. Ouellette M.D.

Address 827 Aisquith St

Date Aug 13 1906

Place of Burial Cathedral (Cem)

Date Aug. 13. 1906.

Undertaker W. C. Whitefield

Address 911 Green St. Cem

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 92715

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanton Warren

{Residence, if in Baltimore, Give Street and Number.} 1103 Whatcoat

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 1906

AGE: ....years, 2 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James Warren

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Bessie Johnson

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Warren

(Address) 1103 Whatcoat St

Filed Aug 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 12 1906

that I last saw him alive on Aug 12 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary) Inanition (DURATION) ... DAYS

(Signed) J. E Daughaday M.D.

Address 2500 Penna Ave

Date Balto Aug 13 1906

Place of Burial Mt Auburn Cem

Date AUG 13 1906 1906

Undertaker Saml H. Chase & Son

Address 1011 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B 92716

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John W. Small (Smith)

{Residence, if in Baltimore, Give Street and Number.} The Chmel Home Infirmary

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 20 1824

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hall

(Address) 14 E 22nd St

Filed Aug 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 12 1906 that I last saw him alive on Aug 12 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Valvular disease of Heart —

(DURATION) 9 mos DATE

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Chmel Home Infirmary

Date August 12 1906

Place of Burial Greenmount

Date Aug 13 1906

Undertaker Robt J Turner

Address Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

Registered No. B 92717.

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 N. Bradford St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Karel Spacek

{Residence, if in Baltimore, Give Street and Number.} 912 Bradford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 15, 1905

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Spacek

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Stephana Estes

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Spacek

(Address) 912 N Bradford

Filed Aug 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 11 1906

that I last saw him alive on 11 1906,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Duration

2 Weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) William J. Rysamb M.D.

Address 2008 Ashland Ave

Date Aug. 12, 1906

Place of Burial Holy Redeemer

Date Aug 14 1906

Undertaker Frank Ecret

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. B 92718

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm Boyles.

{Residence, if in Baltimore, Give Street and Number.} Steam Ship. Arvola - England

Duration of Residence in Baltimore. —

92718

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Shipley

(Address) University Hosp.

Filed 8/13 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12. 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 11 1906 to Aug 12 1906 that I last saw h alive on Aug 12 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

(DURATION) 1 DAYS

Contributory (Primary.) Malaria.

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug 13 1906

Place of Burial St Peters Cem

Date Aug 14 1906

Undertaker Jos B. Cook

Address 1053 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92719

City of Baltimore, (No. 1735 N. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Morris Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 17th (Day) 1905 (Year)

AGE: 1 years, — months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chas A Jackson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Clara Becker

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Jackson

(Address) 1735 N Bond St

Filed 8/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 12 1906

that I last saw h[illegible] alive on Aug 12 1906,

and that death occurred, on the date stated above, at 2.30 a. m. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 12 DAYS

Contributory Immaturity

(DURATION) 2 DAYS

(Signed) H. S. Gerry M. D.

Aug 13 1906 (Address) 1732 E. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 14 1906

UNDERTAKER: Wm Cook

ADDRESS: 507 E North Ave

Paid

BARRY O. ANDREWS PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92720

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Barnuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Closson Kinnear

{Residence, if in Baltimore, Give Street and Number.} 15 Barnuch ave 92720

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 13th. 1905

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert Kinnear

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Cora D Caffey

BIRTHPLACE OF MOTHER (State or country): Harford Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Kinnear Father

(Address) 15 Barnuch ave

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Zaik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to August 13 1906 that I last saw him alive on August 13 1906 and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Kelly M.D.

Address 237 Gorsuch ave

Date August 13 1906

Place of Burial Baltimore Cemetery

Date August 15th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rubenetta Brooks

{ Residence, if in Baltimore, Give Street and Number. } 602 N. Dallas st.

92721

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Louis Brooks

BIRTHPLACE OF FATHER (State or country): ~~St. Mary's County~~

MAIDEN NAME OF MOTHER: Laura Brooks.

BIRTHPLACE OF MOTHER (State or country): St. Mary's County

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Banks

(Address) 602 N. Dallas st.

Filed 8/13 1906 HARRY C. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 11 - 1906 to Aug. 12 - 1906 that I last saw h[illegible] alive on Aug. 11 - 1906 -, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 7 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date August 13 - 1906.

Place of Burial Funeral Coming

Date August 14 1906

Undertaker Reid B Pope

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 92722

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pedro Genovese

{Residence, if in Baltimore, Give Street and Number.} 1006 Hillen St 92722

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lach

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to Aug 8 1906 that I last saw him alive on Aug 8 1906, and that death occurred, on the date stated above, at 4.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pleo-Colitis

One month. (DURATION) — DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Henry Whittle M.D.

Address Mt Wilson Md

Date August 10. 1906

Place of Burial

Date 190

Undertaker

Address Health Department

COLLEGE OF P. & S. AUG 10 1906

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

220

Ward 8th

Registered No. B 92723

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Corbett

{ Residence, if in Baltimore, Give Street and Number. } Bayview Asylum

92723

Duration of Residence in Baltimore. two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Rollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 13 1906 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug 12 1906 that I last saw him alive on Aug 12 1906, and that death occurred, on the date stated above, at 6:40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Jno. Duncan Leg M.D.

Address BAY VIEW ASYLUM

Date Aug. 13" 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 13 1906 1906

Undertaker William H Woodus

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92724

City of Baltimore, (No. 935, Frederick Av St.; 20 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine E Stromberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 25 1903 (Month) (Day) (Year)

AGE: 0 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Stromberg

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Carr

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stromberg

(Address) 935 Fred. Av

Filed 8/13 1906

HARRY J. ARENTS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 13 1906 that I last saw her alive on Aug 13 1906, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Gastro-Enteric Intoxication

(DURATION) 14 DAYS

Contributory

General Asthenia (DURATION) 30 DAYS

(Signed) Howard W Jones M. D.

Aug 13 1906 (Address) Waverly Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 15 1906
UNDERTAKER	ADDRESS
C. H. Dill	810 Fredk Av.

WM. J. C. DULANY CO., BALTIMORE.

Paid

Ward 5

Registered No. B 92725

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 Saulsbury alley St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Collins

{Residence, if in Baltimore, Give Street and Number.} 1001 Saulsbury alley

Duration of Residence in Baltimore. 15 Years 92725

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/13 1906 HARRY C. ANDREWS Registrar

PERMIT CLERK.

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 = 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Cuddy Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial PUBLIC CEMETERY

Date Aug 11 1906

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B 92726

CERTIFICATE OF DEATH.

(Place of Death.) No. 2322 Morris St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Duncan

{Residence, if in Baltimore, Give Street and Number.} 2322 Morris St. 92726

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER M

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED .

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/13 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1906 190....

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope Anaemia

& Oedema of Lungs.

..... (DURATION) ..... DAYS

Contributory (Primary.) Anaemia following Parturition. (DURATION) ..... DAYS

(Signed) Charles Letherbury M.D.

Address 1814 E. Chas. Coroner

Date Aug 9 - 1906 190....

Place of Burial PUBLIC CEMETERY.

Date Aug 11 190....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2322

Ward 14 Registered No. B 92727

CERTIFICATE OF DEATH.

(Place of Death.) No. 1476 Garrett Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Beatrice Sullivan

{Residence, if in Baltimore, Give Street and Number.} 1476 Garrett Ave 92727

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH January 26 1886

AGE 20 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Sullivan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret M. Kennedy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother.

(Address) Garrett Ave.

Filed 8/13 1906 HARRY O'T ANDREWS. PERMIT CLERK. Registrar

Zaib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Aug 11 1906 that I last saw her alive on Aug 11 1906, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Unknown Cause (DURATION) DAYS

Contributory (Primary.) Tubercle Bacilli

Unknown (DURATION) DAYS

(Signed) F. C. Riley M.D.

Address 7 W. Lanvale St

Date August 13 1906

Place of Burial Holy Cross Cem.

Date Aug 14. 1906.

Undertaker Daniel and M. G. Flynn

Address 42. E. Fred-St-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 92728

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 762 N Peter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Henry. Kruger

{Residence, if in Baltimore, Give Street and Number.} 762 N Peter st

92728

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	white
DATE OF BIRTH	September 9 1836
AGE	69 years, 11 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Kruger
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christ Boettker

(Address) 1113 S. Paca st.

Died 1113 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 12 1906

that I last saw h— alive on Aug 12 1906

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

O. J. Epplen

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) E. Culpepper M.D.

Address 617 Lemmon

Date Aug 12 — 1906

Place of Burial Western Cemetery

Date August 14 1906

Undertaker Jos. Joerdens, Son

Address 217 S. Paca

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92729

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 S Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse B Crouse

{ Residence, if in Baltimore, Give Street and Number. } 231 S. Bruce 92729

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: Abt 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Crouse

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mckinney

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mitchell

(Address) 23 S Bruce St

Filed 8/13 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Said.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 13 1906

that I last saw h in alive on Aug 12 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Bowel & Collapse

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever

Diabetes (DURATION) 21 DAYS

(Signed) Harry Boyd M.D.

Address 162 Columbia Ave

Date Aug 13 1906

Place of Burial Loudon Park

Date Aug 15 1906

Undertaker H. P. Tolchester & Son

Address Canton Place 24

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 947 N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Susanna M. Hauselt

{ Residence, if in Baltimore, Give Street and Number. } 947 N. Broadway

Duration of Residence in Baltimore. 54 years. 92730

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 10, 1830

AGE 75 years, 10 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Hammerand

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Fleckenstein

(Address) 947 N. Broadway

Filed 8/13 1906

Registrar

HARRY U. ARGABRIGHT
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1906 to Aug 12 1906 that I last saw her alive on Aug 11th 1906, and that death occurred, on the date stated above, at 4. P. M. CAUSE OF DEATH (Secondary or immediate)

Paralysis

(DURATION) 7 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Dway

Date Aug. 13th 1906

Place of Burial Baltimore Cemetery

Date Aug 15, 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 Registered No. B 92731

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 W. Henrietta St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Martha Vann

{Residence, if in Baltimore, Give Street and Number.} Dorchester Co. Md. Church Creek

Duration of Residence in Baltimore. 2 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Nov. 28, 1904

AGE: 2 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: Martin Vann

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Rachel Montgomery

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Vann

(Address) Church Creek, Md

Filed 8/14 1906 HARRY J. KNERR, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13, 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 10 to death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions Tetanus

(DURATION) DAYS

Con'ributory (Primary.) accidental fall

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 408 N. Eutaw St

Date Aug. 13, 1906

Place of Burial Milton Cem. Dorchester Co. Md

Date August 14 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92732

City of Baltimore, (No. 1839 Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bartholomew Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 10 (Day) 1833 (Year)

AGE: 73 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schmidt

BIRTHPLACE OF MOTHER (State or country): Germy

OCCUPATION OF DECEASED: Polagman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Thomas

(Address) 909 Leadenhall

Filed 8/13 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Aug 13 1906

that I last saw h.. alive on Aug 12 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory Old Age

(DURATION) DAYS

(Signed) W. E. L. Campbell M. D.

Aug 13 1906 (Address) 1644 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Martinsburg W. Va.

DATE OF BURIAL: Aug 14 1906

UNDERTAKER: Jos. Stanton Sons

ADDRESS: 1318 Light

Laik

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92733

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Campbell

{Residence, if in Baltimore, Give Street and Number.} 618 Thompson Ave

Duration of Residence in Baltimore. 30

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 9 1867

AGE 39 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Campbell

(Address) 618 Thompson Ave

Filed Aug 14th 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke of Paralysis

Caused by Senility

(DURATION) DAYS

Con'tributory (Primary.) Accident

(DURATION) DAYS

(Signed) Benj. V. Hagan M.D.

Address 408 N Eutaw

Date Aug 13 1906

Place of Burial Aug 14-06 New Cathedral Cemetery

Date 190

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 E. Lombard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Lena Landsman

{Residence, if in Baltimore, Give Street and Number.} 1303 E. Lombard St

92734

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Morris Landsman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Pistil Sandler

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. Benman

(Address) 1020 E Baltimore st

Filed Aug 14 1906 HARRY D. ANDREWS, PERMIT CLERK. Registrar

Tad

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 13 1906

that I last saw her alive on Aug 13 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma, Respiratory paral

(DURATION) 1 DAY

Contributory (Primary.) Congestion of brain (DURATION) 1 DAY

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St

Date Aug. 14 1906

Place of Burial Philipps Rd Rosedale

Date Aug 14 1906

Undertaker Max Levinson

Address 1138 Lowe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92735

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N. Grass St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant B Grandville & Lena Wetzer

{ Residence, if in Baltimore, Give Street and Number. } 614 N. Grass Wetzer

92735

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 13th 1906

AGE: — years, — months, 10 min days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Grandville Wetzer

BIRTHPLACE OF FATHER (State or country): U.S.

MAIDEN NAME OF MOTHER: Lena A. Loos

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grandville Wetzer

(Address) 614 N. Grass St.

Filed Aug 14 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar Leach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 13 1906 that I last saw h[illegible] alive on Aug 13 1906, and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth lived 4 days

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Dingle M.D.

Address 1228 N. Charles

Date Aug 14 1906

Place of Burial London Park

Date Aug 14th 1906

Undertaker C. Lahlouman & Son

Address 109 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

W'dra [illegible] Registered No. B [illegible]

27

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilda Madden

{ Residence, if in Baltimore, Give Street and Number. } 460 Freeman St.

92736

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) William A Dorsey

(Address) City Hospital

Filed 4/14 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to Aug. 13th 1906

that I last saw her alive on Aug. 13th 1906 and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date August 13th 1906

Place of Burial Cathedral Cemetery

Date April 14 1906

Undertaker Felix B Kyle

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. B 92737

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 N. Front, near Int. Royal station St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard Lamay

{Residence, if in Baltimore, Give Street and Number.} 410 22½ St. Balto.

Duration of Residence in Baltimore. Seven months

92737

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: Dennis Lamay

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Georgia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Isaac Lamay

(Address) 410½ 22½ St.

Filed 8/14 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 14th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Shock, from accidental contact with current of electricity, 3rd rail B&O, Lamay killed instantly. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm. Bachman M.D.

Address 700 Lafayette (Coroner)

Date Aug. 14th 1906

Place of Burial Mt Auburn Cem

Date August 16 1906

Undertaker Wm J. Tickner & Son

Address Lemmon & Pacca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 92738

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 783 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Stricker

{Residence, if in Baltimore, Give Street and Number.} 783 Columbia Ave

Duration of Residence in Baltimore. 40 yr — 92738

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 25 1841

AGE 66 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Stricker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Keeper of Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Stricker

Address 783 Columbia Ave

Filed Aug 14 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug 13 1906

that I last saw h— alive on Aug 13 1906

and that death occurred, on the date stated above, at 8 — M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grumpler M.D.

Address 517 Lord Bl

Date Aug 17 1906

Place of Burial Baltimore County

Date Aug 14th 1906

Undertaker WILLIAM H. HIGDON.

Address 851 LINDEN AVE.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 578 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eleanor Wright

{ Residence, if in Baltimore, Give Street and Number. } 578 N. Spring Street

92739

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1849

AGE 57 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm Wright

BIRTHPLACE OF FATHER (State or country) Eastern Shore Md

MAIDEN NAME OF MOTHER Jane Boston

BIRTHPLACE OF MOTHER (State or country) Eastern Shore Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester A Campbell

(Address) 578 N Spring St

Filed 8/14 1906 HARRY G. ANDERSON, PERMIT CLERK. Registrar

Lash D

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 19th 1906 to Aug 11th 1906 that I last saw her alive on Aug 11th 1906, and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) Uremic poisoning

(DURATION) 23 DAYS

(Signed) J. Marion Cargile M.D.

Address 430 N. Biddle Street

Date Aug. 12th 1906

Place of Burial Laurel Cemetery

Date Aug 14th 1906

Undertaker Chas E Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VII J. S. Registered No. B 92740 41

CERTIFICATE OF DEATH.

(Place of Death.) No. Baynard Hospital St. KNIERMAN (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Knierman

{Residence, if in Baltimore, Give Street and Number.} Baynard Asylum 92740

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 17th 1848

AGE: 68 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Lang

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Ziegler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly

(Address) Supt.

Filed Aug 14 1906 HARRY C. ANDREW, Registrar PERMIT CLERK.

Faib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 13 1906 that I last saw h[er] alive on Aug 13 1906, and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Intestines

(DURATION) DAYS

Contributory (Primary) Carcinoma Intestines

(DURATION) DAYS

(Signed) W. Montgomery M.D.

Address

Date Aug 13- 1906

Place of Burial Mt Olivet Cem

Date August 15th 1906

Undertaker H. Sander & Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 48

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gallagher

{ Residence, if in Baltimore, Give Street and Number. } 931 Hollins St.

92741

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 10th 1830

AGE: 75 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Byrne

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Gradden

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Gallagher

(Address) 931 Hollins St

Filed Aug 14 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Lash

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 13 1906

I HEREBY CERTIFY, That I attended deceased from Mar 6 1906 to August 13 1906

that I last saw her alive on Aug 11 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Rheumatism

6 months (DURATION) DAYS

Contributory (Primary.) General debility & old age (DURATION) 4 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia ave

Date Aug 15 1906

Place of Burial St Peters Cemetery

Date Aug. 16th 1906

Undertaker Jno A. Inman

Address Bank & Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 92742

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1420 Mulliken St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamen Fuller

{ Residence, if in Baltimore, Give Street and Number. } 1420 Mulliken St 92742

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH Month not known 1863

AGE 43 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles Fuller

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Wallace

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Boston

(Address) 1420 Mulliken St

Filed 8/14 1906 HARRY C. [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11, 1906

I HEREBY CERTIFY, That I attended deceased from April 15, 1906 to August 11, 1906 that I last saw h[illegible] alive on Aug. 9, 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 6 Mos

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E Lilly M.D.

Address 201 Cromwell St

Date Aug. 13. 1906

Place of Burial Mt Olivet Cemetery

Date Aug 14 1906

Undertaker R. F. Elliott

Address 506 Forest Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1639 Hillsmann St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E Jones

{Residence, if in Baltimore, Give Street and Number.} 1639 Hillsman St

Duration of Residence in Baltimore. Life

92743

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jeremiah Johnson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel A Jones

(Address) 1639 Hillsman St

Filed Aug 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 12th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Chronic Nephritis (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Brian Blackwood M.D.

Address 700 Lafayette Ave. Corner

Date Aug. 12th 1906

Place of Burial Ashbury Cemetery ~~Mt Lyon Cemetery~~

Date Aug 15 1906

Undertaker D A P McElrath

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

Registered No. B 92744

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Elliott

{Residence, if in Baltimore, Give Street and Number.} 705 Central Ave.

Duration of Residence in Baltimore. Life

92744

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: B.

DATE OF BIRTH: —

AGE: 1 year, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Elliott

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Bertha Turner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Turner

(Address) 705 Central Ave

Filed 8/14 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 11 1906 that I last saw him alive on Aug 11 1906, and that death occurred, on the date stated above, at 11 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cholera Infantum (DURATION) 12 DAYS

(Signed) Ernest W Gaither M.D.

Address North Eastern Disp.

Date Aug 13 1906

Place of Burial Laurel Cemetery

Date Aug 14 1906

Undertaker R. F. Elliott

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 Registered No. B 92745

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 S Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adele Moore

{ Residence, if in Baltimore, Give Street and Number. } 1113 Sharp St

Duration of Residence in Baltimore. Life 92745

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 30 1903

AGE 2 years, 11 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas S Moore

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Williams

BIRTHPLACE OF MOTHER (State or country) Lockport N Y.

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thomas S Moore

(Address) 1113 S Sharp St

Filed 8/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 13 1906 that I last saw her alive on Aug 13 1906, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B. Burd M.D.

Address 828 N Carrollton Av

Date Aug 13 1906

Place of Burial Bonnie Brae Cem

Date Aug. 14 1906.

Undertaker D. M. G. Glynn

Address 42 E Mt St

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 32746 Registered No. B 32746

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 6

Full Name Sarah Quill

{Residence, if in Baltimore, Give Street and Number.} 527 W. West St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored.

DATE OF BIRTH: Don't know

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Myers (daughter

(Address) 527 W. West St

Filed Aug 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1906.

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190.... to ~~.....~~ 190....

that I last saw h~~im~~ ~~alive on~~ 190....,

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date August 14 1906

Place of Burial Laurel Cemetery

Date August 14 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 92,747

CERTIFICATE OF DEATH.

(Place of Death.) No. 48 S. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno E. Johnson

{Residence, if in Baltimore, Give Street and Number.} 48 S. Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Unknown 1

AGE 24 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. Dadder

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Eliza Johnson

BIRTHPLACE OF MOTHER (State or country) Annapolis Md (Annapolis)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Johnson

(Address) 48 S Stockton St

Filed Aug 14 1906 Registrar

GCd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 13 1906

that I last saw h— alive on Aug 12 1906

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 14 DAYS

Con'tributory (Primary) Acute Mania

(DURATION) 2 DAYS

(Signed) W J Norment M.D.

Address 939 W Fayette St

Date Aug 13 1906

Place of Burial Mt. Auburn Cemetery

Date August 15 1906

Undertaker John H. Troadrin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92748

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Mary Cotton

{ Residence, if in Baltimore, Give Street and Number. } 1325 W. North Ave.

Duration of Residence in Baltimore. ——

B 92748

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 19, 1861

AGE 45 years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John W. Cotton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Caldwell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Robert E. Lee Tucker

(Address) 1325 W. North Ave.

Filed Aug 14 1906

E. C. W. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13, 1906

I HEREBY CERTIFY, That I attended deceased from May 8 1906 to Aug 13, 1906 that I last saw her alive on Aug 13 1906, and that death occurred, on the date stated above, at 7:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Breast

? (DURATION) ? DAYS

Contributory (Primary) Anaemia.

? (DURATION) ? DAYS

(Signed) E. C. Langley M.D.

Address Md. Gen. Hospital

Date Aug 13, 1906

Place of Burial Green Mount Cemetery

Date Aug 16 1906

Undertaker J. F. Dalrymple & Son

Address Cathedral & Eutaw Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92749

Registered No. B ~~92749~~

City of Baltimore, (No. 1821, Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Knight

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 16 (Day) 1836 (Year)

AGE 70 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co. Md.

FULL NAME OF FATHER John P. Bitzel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Herder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Knight Jr

(Address) 1821 Park Ave

Filed Aug 14, 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1904 to Aug 12 1906 that I last saw her alive on July 11 1906, and that death occurred, on the date stated above, at 7:30 P.M. The CAUSE OF DEATH was as follows:

Paralysis

2 yrs (DURATION) DAYS

Contributory Cerebral hemorrhage (DURATION) few minutes DAYS

(Signed) H. C. Knight M. D.

Aug 13 1906 (Address) 1602 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 14 1906

UNDERTAKER W. J. Dulany Jr's | ADDRESS Carrollton

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92750

Registered No. B.....

City of Baltimore, (No. 415 N Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William F Sauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: March (Month) (Day) 18 33 (Year)

AGE: 72 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Sauer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Martha Smith

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Saw Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William D Sauer

(Address) 415 N Ann St

Filed Aug 14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1905 to July 31st 1906

that I last saw him alive on July 31st 1906,

and that death occurred, on the date stated above, at 6.20 P.M. The CAUSE OF DEATH was as follows:

Valvular heart disease

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) ..... M. D.

Aug 14 1906 (Address) 1105 E Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL
Loudon Park	Aug 15 1906
UNDERTAKER	ADDRESS
Wm J Schnepp	W. Saratoga

WM. J. C. DULANY CO., BALTIMORE.

Lacks

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 Registered No. B 72

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Maurice Benson

{Residence, if in Baltimore, Give Street and Number.} ~~Colony~~ Catonsville -Md.

Duration of Residence in Baltimore. 1 day

92751

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Oct. 26th 1894

AGE 11 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Carville D. Benson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Henrietta Muller

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carville D Benson

(Address) Catonsville Md.

Filed 8/14 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laub O.K.

Fill out Three. O.K.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 13th 1906 to Aug. 14th 1906 that I last saw h[illegible] alive on Aug 14th 1906, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus.

36 hrs. (DURATION) DAYS

Contributory (Primary.) Compound fracture of right forearm 6 (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date August 14th 1906

Place of Burial Louisville Ky

Date Aug 17 1906

Undertaker W. J. Tankersley

Address Union Park

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

15

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Zimmerman

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

92752

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 13 1906

AGE: ..... years, ... months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Gosnell

(Address) 501 E. 22nd St

Filed Aug 14 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Lab.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to Aug 13 1906

that I last saw him alive on Aug 12 1906,

and that death occurred, on the date stated above, at 4

~~X~~ M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 10 DAYS

Contributory (Primary) Inanition (DURATION) 10 DAYS

(Signed) H. S. Gosnell M.D.

Address 501 E. 22nd St

Date Aug 13 1906

Place of Burial New Cathedral

Date Aug 14th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92753

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Williams

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

92753

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 13 1906

AGE: \ years, \ months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): ?)

FULL NAME OF FATHER: ?)

BIRTHPLACE OF FATHER (State or country): ?)

MAIDEN NAME OF MOTHER: (?)

BIRTHPLACE OF MOTHER (State or country): (?)

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Grauch

(Address) 501 E. 22nd St

Filed Sept 14 1906 Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to Aug 13 1906 that I last saw her alive on Aug 12 1906, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 15 DAYS

Contributory (Primary.) Enteritis (DURATION) 15 DAYS

(Signed) J. A. Grauch M.D.

Address 501 E. 22nd St

Date Aug 13 1906

Place of Burial New Cathedral

Date Aug 14th 1906

Undertaker Martin Fahey & Sons

Address 406 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

HARRY O'T. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 92754

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 N. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anton Pospisel

{Residence, if in Baltimore, Give Street and Number.} 917 N. Madeira St

92754

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Anton Pospisel

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER C

BIRTHPLACE OF MOTHER (State or country) C

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jana Pospisel

Address Ashland Ave & Wolfe St

Filed 8/14 1906 HARRY M. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13. 1906

I HEREBY CERTIFY, That I attended deceased from June 10. 1906 to Aug. 13 1906

that I last saw h in alive on 11 1906,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Prostatic Carcinoma

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 Weeks

(Signed) William J. Ry Sanus M.D.

Address 2008 Ashland Ave

Date Aug. 14 1906

Place of Burial St Alphonsus

Date Aug 15 1906

Undertaker Frank Grant

Address 1900 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... Registered No. B 92755

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Rose Hill Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Castiglione

{Residence, if in Baltimore, Give Street and Number.} Rose Hill (On York road)

92755

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....1.....

AGE 45 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Providence R.I

FULL NAME OF FATHER Jos. Byrne

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget McGary

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Houn Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) York Road Rose Hill

Filed Aug 14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Zach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1906 to Aug. 13 1906 that I last saw h.r alive on July 11 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gummata on coronary artery

2 (DURATION) DAYS

Contributory (Primary.) Cardiac paralysis

(DURATION) DAYS

(Signed) John L Bassett M.D.

Address 1300 W. Lombard st

Date Aug 13 1906

Place of Burial St Marys Govans

Date Aug 15 1906

Undertaker H. C. Winderfeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roy E Buckingham

{ Residence, if in Baltimore, Give Street and Number. } 1519 W Pratt St.

92756

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 17 — 1906

AGE ..... years, 3 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Roy P. Buckingham

BIRTHPLACE OF FATHER (State or country) Stanford Co Miss

MAIDEN NAME OF MOTHER Mary A. Partington

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roy P. Buckingham

(Address) 1519 W Pratt St

Filed 8/14 1906 HARRY C. [illegible] PERMIT CLERK.

Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14th 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Aug 14th 1906 that I last saw him alive on Aug 14 1906, and that death occurred, on the date stated above, at 1:00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Intestinal

(DURATION) 12 DAYS

(Signed) Harry Leonard M.D.

Address 11 N Eutaw

Date Aug 14th 1906

Place of Burial Loudon Park

Date Aug 15 1906

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92757

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Fairmount ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Henry H. Messick

{Residence, if in Baltimore, Give Street and Number.} 1829 Fairmount ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 10 1877

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James H Messick

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ireland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Postal Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Conroy

(Address) 1829 Fairmount Ave

Filed Oct 6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Faith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 9 1906 to Aug. 13 1906

that I last saw h was alive on Aug 12 1906,

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 5 DAYS

Contributory (Primary) Bright's Disease (DURATION) Dont Know DAYS

(Signed) Geo L. Mellvaine M.D.

Address 6 N. Broadway

Date Aug. 13 1906

Place of Burial Greenmount Cem

Date Aug 15th 1906

Undertaker Robt J Turner

Address Bway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Carey

{Residence, if in Baltimore, Give Street and Number.} 1421 Myrtle Ave

92758

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 5 1848

AGE: 58 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Sing~~ Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas McGlaccuan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherin O'Farrell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlaccuan

(Address) 2005 Madison Ave

Filed Jul 14 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Aug 14 1906 that I last saw her alive on Aug. 14 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, Cachexia.

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of stomach (DURATION) 3mo. + DAYS

(Signed) Alexius McGlaccuan M.D.

Address 2005 Madison Ave

Date Aug. 14 1906

Place of Burial New Cathedral

Date Aug 17th 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Bailey

{Residence, if in Baltimore, Give Street and Number.} Sparrow's Point, Md.

Duration of Residence in Baltimore.

B92759

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 1899

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Highlandtown Md

FULL NAME OF FATHER: George Bailey

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Louisa Strand

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Bailey

(Address) Sparrow Point Md

Filed Aug 15 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 14, 1906

I HEREBY CERTIFY, That I attended deceased from July 26, 1906 to August 14, 1906 that I last saw h-im alive on August 14, 1906, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia - pyaemia

(DURATION) 20 DAYS

Contributory (Primary) Acute osteo-myelitis (DURATION) 26 DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Protestant Infirmary

Date August 14, 1906

Place of Burial Sparrows Pt Md

Date Aug 16 1906

Undertaker Crowley Bros

Address 1000 N. Bal[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 32760

170

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. H. Smith 892760

{Residence, if in Baltimore, Give Street and Number.} Harrison Bldg. bx. Iowa.

Duration of Residence in Baltimore. about twenty-one hrs. in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 ~

AGE 32 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto co Md

FULL NAME OF FATHER: Isaac Smith

BIRTHPLACE OF FATHER (State or country): Carroll co Md

MAIDEN NAME OF MOTHER: Priscilla Dutton

BIRTHPLACE OF MOTHER (State or country): Carroll co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Elsie

(Address) Reisterstown Md

Filed Aug 15th 1906

C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Homicide

(DURATION) 1 DAYS

Contributory (Primary.) Pistol shot.

(DURATION) ..... DAYS

(Signed) Silas Bachman M.D.

Address Tov Log av. (County)

Date Aug. 14th 1906

Place of Burial Mt pleasant Cemetery Balto Co Md

Date Aug 15th 1906

Undertaker E. D. Selby & Co

Address Reisterstown Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1633 E. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Constantine D. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 1633 E. North Ave.

Duration of Residence in Baltimore. Lifetime

B 92761

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Balto Dec 23 1825

AGE: 81 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. V. Jenkins

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Willis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Jenkins

(Address) 1633 E North ave

Filed Aug 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1906

I HEREBY CERTIFY, That I attended deceased from Octob. 1 1905 to Aug. 13 1906 that I last saw h.. alive on Aug. 13 1906, and that death occurred, on the date stated above, at 6.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-Sclerosis

2 yrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Jenkins M.D.

Address 1219 N. Caroline St.

Date August 14 1906

Place of Burial Bonnie Brae

Date Aug 16 1906

Undertaker Wendell Dupkel & Son

Address 3308 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 Griffins Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Heil

{Residence, if in Baltimore, Give Street and Number.} 413 Griffins Court

Duration of Residence in Baltimore. 53 years B92762

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1834

AGE: 72 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Addicks

Address: 413 Griffins Court

Filed: Aug 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1906 to Aug 14 1906

that I last saw her alive on Aug. 13 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Heart Disease

1 Year (DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank

Date Aug 14th 1906

Place of Burial St Alphonsus Cem

Date Aug 17th 1906

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B 92763

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 N. Amity St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lucy A. Williams

{Residence, if in Baltimore, Give Street and Number.} 247 N. Amity St 92763

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fairfax Co Va

FULL NAME OF FATHER Moses B. Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Kittie ——

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. R. Williams

(Address) 247 N. Amity St

Filed 8/15 1906 Registrar

MAYOR OF ANDREWS, PERMIT CLERK.

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 12 1906

that I last saw h— alive on Aug 11 1906

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

18 mos (DURATION) DAYS

Con'tributory (Primary.) Asthenia

2 wks (DURATION) DAYS

(Signed) H Howard M.D.

Address 834 W Fayette St

Date Aug 13 1906

Place of Burial Mt Auburn

Date Aug the 15th 1906

Undertaker Alfred Fuellond

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carolina Lubinski

{Residence, if in Baltimore, Give Street and Number.} 702 W. Lanvale St.

Duration of Residence in Baltimore. 54 yrs

92764

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 15 1832

AGE: 74 years, 6 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gregor

(Address) 702 W Lanvale St

Filed 8 15 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1906 to Aug. 14 1906 that I last saw her alive on Aug. 14 1906, and that death occurred, on the date stated above, at 10-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enterocolitis

(DURATION) 4 weeks DAYS

Contributory (Primary.) General exhaustion

(DURATION) 3 DAYS

(Signed) L. H. Hoffman M.D.

Address 702 W. Fayette St.

Date Aug. 15 1906

Place of Burial Baltimore Cemetery

Date August 17 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

766

105

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Name instead
and Number.)

766

1906

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immediate)

5 DAYS

DAYS

M.D.

190 6.

190 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Miller

Full Name Earl Beard St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } 1624 Miller 2t

Duration of Residence in Baltimore. Life

92765

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 1 1903

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Chas H. Beard

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Nellie Keech

BIRTHPLACE OF MOTHER (State or country) Leonardtown Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas H. Beard

(Address) 1624 Miller

Filed Aug 15 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Last

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 13th 1906

that I last saw h alive on Aug 13 1906

and that death occurred, on the date stated above, at 1:10 a M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Colitis

Contributory (Primary.) (DURATION) 9 DAYS

(DURATION) DAYS

(Signed) Chas B. Fuge M.D.

Address

Date Aug 14 1906

Place of Burial Holy Cross

Date Aug 15 1906

Undertaker (Rapp & Sons)

Address Druid & Eden

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92766

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislava Czerwinska

{Residence, if in Baltimore, Give Street and Number.} # 1710 Hanover St.

92766

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 8th 1906

AGE: ....years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Walenty Czerwonski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anastazia Bakowski

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walenty Czerwonski

(Address) 1710 Hanover St

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1906 to Aug 14 1906 that I last saw her alive on Aug 14 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Aug. 14th, 1906.

Place of Burial Holy Rosary

Date Aug. 15th 1906

Undertaker Jacob Fiatkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 92767

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1204 Bolton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fanny Grafflin

{Residence, if in Baltimore, Give Street and Number.} 1204 Bolton St

92767.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feby 7th 1859

AGE 47 years, 6 months, 7 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob W Grafflin

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER ~~Sarah E. Comegys~~

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G W Grafflin

(Address) 207 E North ave

Filed 8/15 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1906 to August 13th 1906

that I last saw her alive on August 13th 1906

and that death occurred, on the date stated above, at 7 A.M. P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis and

Acute Endocarditis

(DURATION) 60 DAYS

Con'ributory (Primary.) Arterio - Sclerosis Several Years

(DURATION) ~~DAYS~~

(Signed) Thomas B. Futcher M.D.

Address 3 W. Franklin St

Date August 14th 1906

Place of Burial London Park Cemetery

Date August 16th 1906

Undertaker Stewart & Mowen

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel M. Luman.

{Residence, if in Baltimore, Give Street and Number.} 1119 West st Wilmington Del.

Duration of Residence in Baltimore. about 3 weeks

92768

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH July 15 1852.

AGE 54 years, months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER W. R. Luman.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rachael Cromwell.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Steam Boat Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Erdmann.

(Address) Harford Rd. Balt

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 13 1906 that I last saw him alive on Aug 13 1906, and that death occurred, on the date stated above, at 6-00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Obstruction of Tongue

? ? (DURATION) ? DAYS

Contributory (Primary.) Cardiac failure

Momentary (DURATION) DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hospital

Date Aug 13 1906

Place of Burial Druid Ridge Cemetery

Date Aug 16th 1906

Undertaker Liston P. Fusselbaugh

Address 510 N. Gay st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

92769

Registered No. B.....

City of Baltimore, (No. 820 W. Fayette St. - St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William M. Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 9 (Day) 1845 (Year)

AGE: 71 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Priscilla E Matthews

(Address) 820 W Fayette st

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laid

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Aug 16 1906

that I last saw him alive on Aug 16 1906,

and that death occurred, on the date stated above, at 10 3 P. M. The CAUSE OF DEATH was as follows:

Cardiac Paralysis

..... (DURATION) ..... DAYS

Contributory Cerebral Hemorrhage -

..... (DURATION) ..... DAYS

(Signed) J. M. Litsinger M. D.

Aug 14 1906 (Address) 712 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pocomoke city Md

DATE OF BURIAL: Aug 16 1906

UNDERTAKER: George J Smith Co

ADDRESS: 1000 W Fayette

HEALTH DEPARTMENT, CITY OF BALTIMORE.

119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92770

Registered No. B.....

City of Baltimore, (No. 62, S. Carrollton ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan M. Appler

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

COLOR: White

DATE OF BIRTH: Dec (Month) 3 (Day) 1853 (Year)

AGE: 50 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto., Md

FULL NAME OF FATHER: Wm H Bennett

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: — Goldsmith

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur B Appler

(Address) 62 S. Carrollton ave

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 14 1906 that I last saw her alive on Aug 13 1906, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 6 DAYS

Contributory Hypostatic Pneumonia (DURATION) 3 DAYS

(Signed) WM Lewis M. D.

Aug 14 1906 (Address) 1220 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Aug 16 1906
UNDERTAKER	ADDRESS
Geo J Smith Co	1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Laib

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92771

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 N Duncan St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Clara Bezvoda

{Residence, if in Baltimore, Give Street and Number.} 125 N. Duncan st

92771

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Frantisek Stayny

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bezvoda

(Address) 125 N Duncan st

Filed 8/15 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Lutz

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1906 to Aug 15 1906 that I last saw h er alive on Aug 15 1906, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) 11 DAYS

Contributory (Primary.) Carcinoma (Hepatic) 2 yrs (DURATION) DAYS

(Signed) A. G. Rytina M.D.

Address 2204 E. Monument St

Date Aug 15th 1906

Place of Burial Holy Redeemer

Date Aug 17 1906

Undertaker Frank Grack

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH. B92772

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles T. Whaland.

{Residence, if in Baltimore, Give Street and Number.} 1827 Pennsylvania Ave.

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: April 10, 1883

AGE: 23 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles W. Whaland

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Miss Jennie Price

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Whaland

(Address) Chestertown, Md.

Filed Aug 15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 14 1906 that I last saw h alive on Aug 14 1906, and that death occurred, on the date stated above, at 8-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Meningitis

(DURATION) 20 DAYS

Contributory (Primary.) Cholera

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Aug 14 1906

Place of Burial Chestertown Md

Date Aug 15 1906

Undertaker Wm. L. Tuckahoe & Co

Address Camden Ext 21

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92773

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Mc Henry St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.

Full Name Catherine E. Widmer

{ Residence, if in Baltimore, Give Street and Number. } 1512 Mc Henry st.

92773

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 10th 1906

AGE: 0 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Robt. A. Widmer

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Estelle Ball

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. A. Widmer

(Address) 1512 Mc Henry St.

Filed 15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 14th 1906

that I last saw her alive on Aug 14th 1906

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) Acute Gastro Enteritis

(DURATION) 14 DAYS

(Signed) E. A. Knorr M.D.

Address 1727 N. Lombard St

Date August 14th 1906

Place of Burial St Alphonsus

Date Aug 16" 1906

Undertaker H. S. Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92774

CERTIFICATE OF DEATH.

92774

(Place of Death.) No. 427 Forrest St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Lindner

{Residence, if in Baltimore, Give Street and Number.} 427 Forrest St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH Aug 4 " 1906

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Lindner

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rose Rosenberger

BIRTHPLACE OF MOTHER (State or country) Baltimore.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Lindner

(Address) 427 Forrest St

Filed 8/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 14 1906 that I last saw him alive on Aug 13 1906, and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins ave

Date 190

Place of Burial New Cathedral

Date Aug 16 " 1906

Undertaker M S Finch

Address 2113 N. Pratt St

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 92775

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 S Carlton St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Agnes C Laughlin

{Residence, if in Baltimore, Give Street and Number.} 101 S Carlton st 92775

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~~~ 1

AGE 20 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas Tysel

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Tysel

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C Laughlin

(Address) 101 S Carlton St

Filed 8/15 1906

Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1906

I HEREBY CERTIFY, That I attended deceased from July 22 1906 to Aug 1906 that I last saw her alive on Aug 14 1906 and that death occurred, on the date stated above, at 4a A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute Bright's

(DURATION) 23 DAYS

(Signed) M A O'Neill M.D.

Address 1315 W Hollins

Date Aug 15 1906

Place of Burial H Peters

Date Aug 17 1906

Undertaker John Howman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1263 Riverside ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Henry Joseph Nagell

{Residence, if in Baltimore, Give Street and Number.} 1263 Riverside ave.

Duration of Residence in Baltimore. life 92776

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 31st 1906

AGE: ... years, ... months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Nagell

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Thuman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Nagell

(Address) 1263 Riverside ave.

Filed Aug 15 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 14 1906 that I last saw him alive on Aug 14 1906 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pemphigus Cachectica

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Goss M.D.

Address 1340 Eutaw pl.

Date Aug 15 1906

Place of Burial Holy Cross R.R.Co.

Date Aug 15 1906

Undertaker Jos. Stumbaugh

Address 518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bieby Handelsman

{Residence, if in Baltimore, Give Street and Number.} 118 S Caroline

92777

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ~~June 2~~ August 15 1

AGE ..... years, June 21 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jay Hyslinden

BIRTHPLACE OF FATHER (State or country) was in Russia

MAIDEN NAME OF MOTHER D. Hyslinden

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 118 Aberdeen st

Filed Aug 15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dath

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug ~~10~~ 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 13 1906

that I last saw h~~e~~r alive on Aug 13 1906,

and that death occurred, on the date stated above, at 2

~~6~~ P.M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

..... (DURATION) ..... DAYS

Contributory (Primary.) Cholera Infantum

2 wks (DURATION) ..... DAYS

(Signed) Chas F Baker M.D.

Address 152 S Broadway

Date Aug 15 1906

Place of Burial Philips Rd Road Dale,

Date August 16, 1906

Undertaker Mr. Levinson

Address 113 S Sharp St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92778

City of Baltimore, (No. 518 W Cross St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie V. Schloman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 29 1876 (Month) (Day) (Year)

AGE: 30 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Zimmering

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mollie Turner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Schloman

(Address) 518 W. Cross St.

Filed 8/15 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Aug 14 1906 that I last saw h er alive on Aug 13 1906, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Do not Know (DURATION) DAYS

Contributory Asthenia (DURATION) 2 DAYS

(Signed) G B. Freeman M. D.

Aug 14th 1906 (Address) 623 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Aug 16 1906

UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

Lach.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward C Registered No. B 92779

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N Popleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Stein

{Residence, if in Baltimore, Give Street and Number.} 211 N Popleton St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 23d 1820

AGE: 86 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Saddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Stein

(Address) 628 S. Fremont ave.

Filed 8/15 1906 Registrar

Lack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 14th 1906

I HEREBY CERTIFY, That I attended deceased from July 16th 1906 to Aug. 14th 1906 that I last saw h.im alive on Aug. 14th 1906, and that death occurred, on the date stated above, at 5-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diarhoea

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion

& Old Age (DURATION) C DAYS

(Signed) H.W. Webner M.D.

Address 723 N. Lombard St.

Date Aug 14th 1906

Place of Burial Western Cem

Date Aug 17th 1906

Undertaker E. Sokolowski & Son

Address 1024 Hanover St

HARRY D. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B 37

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Conner

{Residence, if in Baltimore, Give Street and Number.} 2111 E. Federal St.

92780

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frederick Poole

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Sophia Tegler

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. F. Conner

(Address) 2114 E. Federal St.

Filed 15 1906

Last

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 13 1906 that I last saw h alive on Aug 13 1906, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia and Toxaemia

(DURATION) DAYS

Contributory (Primary) Puerperal Infection (DURATION) DAYS

(Signed) Victor Cullen M.D.

Address St. Joseph's Hospital

Date August 13 1906

Place of Burial Holy Redeemer Cemetery

Date Aug. 16 1906

Undertaker Henry Hooks Sons

Address 1201 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th

Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Kenny

{ Residence, if in Baltimore, Give Street and Number. } Bayview asylum 92781

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed Aug 15 1906

WM. J. C. DULANY, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Aug 14 1906 that I last saw h alive on Aug 14 1906, and that death occurred, on the date stated above, at 9:55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Con'tributory (Primary) Pulmonary Tuberculosis.

(DURATION) DAYS

(Signed) D. McAllister Ley M.D.

Address BAY VIEW ASYLUM

Date 190

Place of Burial New Cathedral

Date Aug 15 1906

Undertaker Henry Hook & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 Dawson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alberta Brown

{Residence, if in Baltimore, Give Street and Number.} 203 Dawson St

Duration of Residence in Baltimore. Life B92782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Brown

(Address) 203 Dawson St

Filed Aug 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 14 1906

that I last saw her alive on Aug 14 1906

and that death occurred, on the date stated above, at 9.40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) O. A. Fraser M.D.

Address 712 S. Sharp

Date Aug 16th 1906

Place of Burial Mt Auburn

Date Aug 17 1906

Undertaker Jno H. Joachim

Address Lancaster St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 92783

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 Ricketts Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wilson

{Residence, if in Baltimore, Give Street and Number.} 723 Ricketts Court.

Duration of Residence in Baltimore. Life

B92783

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: colored
DATE OF BIRTH: 1	
AGE: 31 years, months, days	
~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: dont no	
BIRTHPLACE OF FATHER (State or country): dont no	
MAIDEN NAME OF MOTHER: dont no	
BIRTHPLACE OF MOTHER (State or country): dont no	
OCCUPATION OF DECEASED: domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Wilson

(Address) 723 Ricketts st

Filed Aug 15 1906

GCW

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13th 1906

I HEREBY CERTIFY, That I attended deceased from June 14th 1906 to Aug 13 1906

that I last saw h or alive on Aug 13 1906

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

2 mos (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H. Wm. Bloss M.D.

Address Chas Co Hosp.

Date Aug 14th 1906

Place of Burial Mt Auburn

Date Aug 16 1906

Undertaker J. H. Scarborough

Address 2 Greenfield Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 52784

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Dif

{Residence, if in Baltimore, Give Street and Number.} 1709 Lancaster St - Life

Duration of Residence in Baltimore.....

B92784

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....1.....

AGE 2 hours old
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Andrey Dif.

BIRTHPLACE OF FATHER (State or country) Balto - Md.

MAIDEN NAME OF MOTHER Matelda Otremba

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrey Dif

(Address) 1703 Lancaster St

Filed Aug 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Imal Institution

.....(DURATION)..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) Thomas Judkin Coron M.D.

Address 320 N Gaun St -

Date Aug 16 = 1906

Place of Burial St Stanislaus

Date Wed Aug 15 " 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th ~ Registered No. B [illegible] 95

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raphael Lemox

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum 92785

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 70 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Supt.

(Address) BAY VIEW ASYLUM

Filed 8/15 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Dab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to Aug 14 1906 that I last saw him alive on Aug 14 1906, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic congestion

(DURATION) DAYS

Con'tributory (Primary) Senility.

(DURATION) DAYS

(Signed) [illegible] M.D.

Address BAY VIEW ASYLUM

Date 190

Place of Burial National Cem

Date August 15 1906

Undertaker John C Hough Co.

Address 1422 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. D

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 826. Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Dyson

{Residence, if in Baltimore, Give Street and Number.} 826. Stockholm 92786

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE About 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Ire

MAIDEN NAME OF MOTHER Ire

BIRTHPLACE OF MOTHER (State or country) Ire

OCCUPATION OF DECEASED Washerwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Johnson

(Address) 826 Stockholm

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Aug 13th 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Enumeration

(DURATION) DAYS

Contributory (Primary.) Tuberculosis (DURATION) DAYS

(Signed) C. Irvine Jones M.D.
Coroner

Address

Date Aug - 14th 1906

JOHNS HOPKINS HOSPITAL AUG 14 1906

Place of Burial

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 2 3.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92787

City of Baltimore, (No. N.T.C Hosp. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vincent J. Phillips.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: May — 21 — 1906 (Month) (Day) (Year)

AGE: 0 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M. Stone

(Address) N.T.C. Hosp.

Filed 6/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. — 12 — 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May-29-1906 to Aug 12 1906

that I last saw him alive on Aug 12 - 1906,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Has been marantic since admitted - getting along fairly well until July 4th - has been growing under (DURATION) DAYS

Contributory Exhaustion. (DURATION) DAYS

(Signed) John Culbreth M. D.

1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Johns Hopkins Hospital

DATE OF BURIAL: AUG 14 1906 190

UNDERTAKER: Commissioner Health

ADDRESS: Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 100

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Jeffers

{ Residence, if in Baltimore, Give Street and Number. } Alberton Hon. Co. Md. 92788

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/15 1906 HARRY O'C ANDREWS, PERMIT CLERK. Registrar

Laub

morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot in abdomen

Gen Peritonitis

accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Co

Date Aug 11 1906

Place of Burial JOHNS HOPKINS HOSPITAL AUG 12 1906

Date 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

716

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Johnson

{ Residence, if in Baltimore, Give Street and Number. } Brooklyn - Md.

92789

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR B.
DATE OF BIRTH	1
AGE	60 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/15 1906

MARY O'. ANDREWS, PERMIT CLERK. Registrar

Lait

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug. 12th 1906 that I last saw h cr alive on Aug. 12 1906 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date August 12th 1906

Place of Burial COLLEGE OF P. & S. AUG 13 1906

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 A Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dunn

{Residence, if in Baltimore, Give Street and Number.} 921 A. Fremont ave

Duration of Residence in Baltimore. Life Time B92795

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 28 1847

AGE: 58 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Patrick Dunn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: R R. Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J. Dunn

(Address) 921 A. Fremont ave

Filed Aug 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Aug 12 1906 that I last saw h in alive on Aug 12 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Chronic~~ Nephritis

Chronic Nephritis

(DURATION) one year DAYS

Contributory (Primary.) Edema of Lungs (DURATION) 4 DAYS

(Signed) L. M. Lumpkin M.D.

Address 602 A Paca St

Date Aug 15 1906

Place of Burial Cathedral Cemetery

Date Aug 16 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Patapsco River off Bodkin Point St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John Reynolds

{Residence, if in Baltimore, Give Street and Number.} 215 Asquith St.

92791

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Augusta Seebode

(Address) 215 Asquith St

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on ..... 190 .....

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D. Coroner

Address .....

Date Aug 15 1906

Place of Burial Loudon Park Cem. AUG 15 1906

Date ..... 190 .....

Undertaker Wm. J. Dulany

Address 241 E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 92792

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 N. Lanvale St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Susan G. K. Hunter

{Residence, if in Baltimore, Give Street and Number.} 1016 N. Lanvale St

92792

Duration of Residence in Baltimore. 75 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 31 1815

AGE: 87 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Scott

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Eliza M. Key

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Hunter

(Address) Pikesville Md

Filed Aug 15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1906 to Aug 14 1906 that I last saw h[illegible] alive on Aug 13 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion following senile Paralysis.

(DURATION) 6 DAYS

Con'tributory (Primary.) old age.

(DURATION) DAYS

(Signed) Thomas J Hill M.D.

Address 600 N. Smithard

Date Aug 15th 1906

Place of Burial Mt. Calvedal

Date Aug 16 1906

Undertaker J S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm A. Groves

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home 92793

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: May 1 1906

AGE: — years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed Aug 15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Loth

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug. 15 1906 that I last saw h[im] alive on Aug. 14 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Aug. 15 1906

Place of Burial New Cathedral Cemetery

Date Aug. 16 1906

Undertaker Felix B. Fitz

Address 105 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92794

City of Baltimore, (No. 1105 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Diamond

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1 (Month) (Day) Year)

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jelik Diamond

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER ida Crysteal

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hans Crysteal

(Address) 105 E Prat

Filed 8/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/13 1906 to 8/13 1906

that I last saw him alive on 8/13 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Emphysema, and Chronic Bronchitis

(DURATION) — DAYS

Contributory Edema.

(DURATION) — DAYS

(Signed) S. C. Katzoff M. D.

8/15 1906 (Address) 114 Division St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Pine Road nr Rus

DATE OF BURIAL August 15 1906

UNDERTAKER Max Levenson

ADDRESS 1134 Lombard St

WM. J. C. DULANY CO., BALTIMORE.

Faith

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Catherine J. Strohmeier

{Residence, if in Baltimore, Give Street and Number.} 325 N. Fremont Ave.

Duration of Residence in Baltimore 35 yrs B 92795

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem.
COLOR	White
DATE OF BIRTH	1871
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Andrew Strohmeier
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosalia Eff.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Strohmeier

(Address) 325 N. Fremont Ave

Filed Aug 16 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16, 1906

I HEREBY CERTIFY, That I attended deceased from July 23, 1906 to Aug 16, 1906 that I last saw him alive on Aug 16 1906, and that death occurred, on the date stated above, at 4-0 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever and Nephritis

3 weeks (DURATION) — DAYS

Contributory (Primary.) Anaemia.

(DURATION) 5 DAYS

(Signed) C. C. Conley, M.D.

Address Md. Gen. Hospital

Date Aug 16, 1906

Place of Burial Holy Redeemer

Date Aug 18 1906

Undertaker Geo. J. Little

Address 831 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 22. E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie C. Messina

{ Residence, if in Baltimore, Give Street and Number. } 22 E. Cross St.

Duration of Residence in Baltimore. Life. B 92796

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	April 8th 1906
AGE	..... years, 4 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City.
FULL NAME OF FATHER	Frank Messina
BIRTHPLACE OF FATHER (State or country)	Italy.
MAIDEN NAME OF MOTHER	Concetta Maggio
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Concetta Messina

(Address) 22 E Cross St

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-15 1906

I HEREBY CERTIFY, That I attended deceased from 8-10 1906 to 8-15 1906 that I last saw h[illegible] alive on 8-15 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Autointoxication + convulsions.

(DURATION) 1 DAY

Contributory (Primary.) Acute Indigestion (DURATION) 2 DAYS

(Signed) S. Demarco M.D.

Address 160 Lindenave

Date 8-15 1906

Place of Burial New Cathedral

Date August 16 1906

Undertaker M. Doyle and Sons

Address 17 East Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92797

Registered No. B .....

City of Baltimore, (No. 2701 Bernard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Anna Elizabeth Varley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 30 (Day) 1876 (Year)

AGE: 30 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Father H. Klein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Varley

(Address) 2701 Bernard st

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Faith

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 15 1906

that I last saw h[illegible] alive on Aug 15 1906,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Gastro Enteritis with Typhoid condition 6 DAYS (DURATION)

Contributory ..... (DURATION) ..... DAYS

(Signed) M. A Farr M. D.

Aug 18 1906 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemt

DATE OF BURIAL: Aug 17 1906

UNDERTAKER: Josiah Syfer

ADDRESS: 1600 N North Ave

Registered No. B 92798

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Boyd St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Briscoe

{Residence, if in Baltimore, Give Street and Number.} 835 Boyd St 92798

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Wm Ellsuf

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Harriet Epstein

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Briscoe

(Address) 835 Boyd St

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-13-1906

I HEREBY CERTIFY, That I attended deceased from 7-20 1906 to 8 13 1906 that I last saw her alive on 8 13 1906, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & dropsy

(DURATION) 4 3 DAYS

Contributory (Primary.) Heart

(DURATION) 40 DAYS

(Signed) G. W. Kennard M.D.

Address 708 Ensor St

Date 8-14- 1906

Place of Burial Mt Zion

Date Aug 16 1906

Undertaker Thos. J. Trader

Address Greenfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

119

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Steel

{ Residence, if in Baltimore, Give Street and Number. } 582 Orford St

Duration of Residence in Baltimore. 5

92799

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH .....1.....

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Andrews

(Address) 2 Mulberry St

Filed 8/16 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

V Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 16 1906

that I last saw her alive on Aug 16 1906

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) DAYS

(Signed) Thomas McCrae M.D.

Address Johns Hopkins Hospital

Date Aug 16 1906

Place of Burial Mt Auburn

Date Aug 19 1906

Undertaker Jno N. Treadwell

Address Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 Folsom St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aldridge R Reynolds

{Residence, if in Baltimore, Give Street and Number.} 420 Folsom St

92800

Duration of Residence in Baltimore. Lt 40 ft.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 13 1838

AGE: 67 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cecil Co Md.

FULL NAME OF FATHER: Benjamin Reynolds

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Alice Johnson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Pilot

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Reynolds (wife)

(Address) 420 Folsom St

Filed Aug 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Asthma.

..... (DURATION) ..... DAYS

(Signed) Otto Westendarf M.D.

Address Coroner

Date August 15 1906

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

CEDAR HILL
AUG 16 1906
Armstrong Doney Co.
715 Light Street

COPY OF ATTEST:
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92801

Registered No. B .....

City of Baltimore, (No. 520, Cross Al. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Wilson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	— — 1 (Month) (Day) Year)
AGE	26 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	James Wilson
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Elyer Moseley
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elyer Moseley

(Address) 520 Cross alley

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

Lack

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 14 1906

that I last saw h— alive on Aug 14 1906,

and that death occurred, on the date stated above, at 6:30 P. M. The CAUSE OF DEATH was as follows:

pulmonary tuberculosis

(DURATION) 90 DAYS

Contributory exhaustion,

(DURATION) 90 DAYS

(Signed) R B Kempson M. D.

Aug 14 1906 (Address) 422 N. Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	August 16 1906
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

Ward 7 Registered No. B .....

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1808 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace D Hurley.

{ Residence, if in Baltimore, Give Street and Number. } 1808 Jackson St

92802

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 9 1906

AGE: ____ years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Hurley

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: Nellie M. Brown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie M. Hurley mother

(Address) 1808 Jackson St

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Jails

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas Reinhardt M.D.

Address Coroner

Date August 15 1906

Place of Burial Cedar Hill Cemetery

Date Aug 16th 1906

Undertaker Edward J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92803

Registered No. B .....

City of Baltimore, (No. 206 Hall Mon Alley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Hamilton

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Providence R I.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Matilda Brice.

BIRTHPLACE OF MOTHER (State or country): Providence R I.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta Hamilton

(Address) 206 Half Moon alley

Filed Aug 16 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

Laid

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1906 to Aug 14th 1906 that I last saw him alive on Aug 11th 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Acute Bright's

3 Weeks (DURATION) — DAYS

Contributory Uraemic Coma

(DURATION) 6 DAYS

(Signed) J. B. Summers M. D.

Aug 16th 1906 (Address) 719 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury C

DATE OF BURIAL: Aug 15th 1906

UNDERTAKER: W. J. S. Jackson

ADDRESS: 1421 Fulton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 69

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92804

City of Baltimore, (No. 1736, Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mitchel S. Dyrenforth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 17 (Day) 1866 (Year)

AGE: 40 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Solomon Dyrenforth

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Brisk

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elias M. Dyrenforth

(Address)

Filed 8/16 1906

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to August 14 1906

that I last saw him alive on August 13 1906,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Epilepsy

(DURATION) DAYS

Contributory Status Epilepticus

(DURATION) 4 DAYS

(Signed) Chas W Reckendorn M. D.

Aug 15 1906 (Address) 819 Park Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Aug 16 1906

UNDERTAKER: J. Enos & Co — ADDRESS: 754 Mt Auburn Ave

WM. J. C. DULANY CO., BALTIMORE.

Jacob

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2110 Gough St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Johnson

{ Residence, if in Baltimore, Give Street and Number. } 2110 Gough St.

92805

Duration of Residence in Baltimore. 32 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): A.A. Co Md

FULL NAME OF FATHER: — Johnson

BIRTHPLACE OF FATHER (State or country): A.A. Co Md

MAIDEN NAME OF MOTHER: Mary Hasley

BIRTHPLACE OF MOTHER (State or country): A.A. Co Md.

OCCUPATION OF DECEASED: Wood-buyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beverly Johnson Son

(Address) 2110 Gough St

Filed 8/16 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 15 1906 that I last saw him alive on Aug 14 1906, and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) H. W. Reinhardt M.D.

Address 1017 So Charles St

Date August 15 1906

Place of Burial Oak Lawn Cem

Date Aug 17 1906

Undertaker H. Allen Fuhrer

Address 2012 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 78

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92806

City of Baltimore, (No. 1533 Lindenau St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William B. Stinrad

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: April (Month) 17 (Day) 1844 (Year)

AGE: 62 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Indiana

FULL NAME OF FATHER: James Stinrad

BIRTHPLACE OF FATHER (State or country): Scotland.

MAIDEN NAME OF MOTHER: Janet Jamison

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Stinrad

(Address) 1533 Lindenau

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

Fact

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to Aug-16 1906

that I last saw h— alive on Aug-15 1906.,

and that death occurred, on the date stated above, at 1 a. M. The CAUSE OF DEATH was as follows:

Chronic Endocarditis + Delusions (DURATION) ?? DAYS

Contributory Syncope (DURATION) Few minutes DAYS

(Signed) Standish Madeleon M. D.

Aug 16 1906 (Address) 1609 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Aug 18 1906

UNDERTAKER: Chas. E. Frazer — ADDRESS: 746 N. Eutaw St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name***, deceased, and the ***cause and date of death***.

sex, age, condition (whether married or single) of the person

Ward 7 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Borian

{ Residence, if in Baltimore, Give Street and Number. } #707 S. Bethel St. 92807

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. & D.

DATE OF BIRTH 1

AGE 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowe

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wacla Borian

(Address) 707 S. Bethel

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lark

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 11 1906 to Aug 16 1906 that I last saw her alive on Aug 14 1906, and that death occurred, on the date stated above, at 2½ a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Debility

due to age.

(DURATION) 30 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address 909 Alice Anne St

Date Aug. 16 1906

Place of Burial St Alphonsus

Date Aug 18 1906

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 B92608 CERTIFICATE OF DEATH. 176

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dietrick

{Residence, if in Baltimore, Give Street and Number.} 1413 N. Washington St. 92808

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Dietrich

Germany.

MAIDEN NAME OF MOTHER: Annie Roth

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Rossett

(Address) 1442 N Gay St

Filed 8/16 1906 HARRY G. ANDREWS. PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14th 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

....1906.... that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

Coma. (Autopsy by Dr. Kline)

(DURATION) 14 DAYS

Contributory (Primary.) Pistol shot

(Homicide) (DURATION) .... DAYS

(Signed) Hiram Bachman M.D.

Address Two Log. Av. (County)

Date Aug. 15th 1906

Place of Burial St Pauls Cemetery

Date Aug 15th 1906

Undertaker Geo Rossett

Address 1442 N Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 N. Chapel St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fenne Beck

{Residence, if in Baltimore, Give Street and Number.} 2014 E. Ashland ave 92809

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 29 1895

AGE 21 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Fousek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Katie Fousek

BIRTHPLACE OF MOTHER (State or country) Bohemia

* OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Fousek

(Address) 1023 Chapel St

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14. 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug. 13 1906

that I last saw h alive on " 1906

and that death occurred, on the date stated above, at 5

P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Months (DURATION) DAYS

Contributory (Primary) Pneumonia (DURATION) DAYS

(Signed) William J. Reysack M.D.

Address 2008 Ashland Ave

Date Aug 13, 06 1906

Place of Burial Oak Hill

Date Aug 17 1906

Undertaker H. W. Deal

Address 901 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92810

City of Baltimore, (No. 302 N. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Biscoe Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 11 (Day) 1847 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J. Thomas Smith

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Isabella Biscoe

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John P. Tilyard

(Address) 238 W. Hoffman st

Filed 8/16 1906

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

Laib

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 16 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1906 to Aug. 16 1906 that I last saw h[er] alive on Aug. 16 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Uremic Convulsion (DURATION) 2 hrs DAYS

Contributory Organic Heart disease (DURATION) — DAYS

(Signed) L. R. Palmer M. D.

Aug. 16 1906 (Address) 1021 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Aug 17 1906

UNDERTAKER: E M Mitchell — ADDRESS: 204 N Fayette st

Ward 11 Registered No. B 1532

CERTIFICATE OF DEATH.

(Place of Death.) No. 788 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Polite - B92811

{Residence, if in Baltimore, Give Street and Number.} 788 Bradley St

Duration of Residence in Baltimore. Days infant -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug 12 1906

AGE ..... years, ... months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single -

BIRTHPLACE (State or country) Md. -

FULL NAME OF FATHER Julius C. Polite -

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER Sallie Cook

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED At Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius C. Polite.

(Address) 788 Bradley St

Filed Aug 16 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 13 1906

that I last saw her alive on Aug 13 1906

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Anasilin.

(DURATION) 3 DAYS

Contributory (Primary.) Anemia.

(DURATION) DAYS

(Signed) W. G. Jack M.D

Address Maryland Gen'l Hosp.

Date Aug 15 1906.

Place of Burial Mt Auburn

Date August - 16 1906

Undertaker Alex Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Talbot R Horn.

{Residence, if in Baltimore, Give Street and Number.} 2820 Clifton Ave. Walbrook

Duration of Residence in Baltimore. City Life. B 92812

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May - 8 - 1906

AGE: ..... years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward M. Horn

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Grace May Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward M Horn

(Address) 2820 Clifton Ave

Filed 8/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

V Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug - 16 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug - 14 1906 to Aug - 16 1906 that I last saw h alive on Aug - 16 1906 and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 2 DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) M. W. Short M.D.

Address Md Homoeo Hospital

Date Aug - 16 - 1906

Place of Burial Loudon Park Cem.

Date Aug 18th 1906

Undertaker Chas E Franke

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92813

OFFICE OF REGISTRAR OF VITAL STATISTICS. 104

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92813

Registered No. B.....

City of Baltimore, (No. 1821, Vine St St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Benj. Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Jan (Month) 10 (Day) 1904 (Year)

AGE 2yr years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Jno D. Elliott.

BIRTHPLACE OF FATHER (State or country) Carolina Co Md

MAIDEN NAME OF MOTHER Hester A. Meads

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hester Elliott

(Address) 1821 Vine St

Filed 8/16 1906 HARRY G. ANDREWS, Registrar

WM. J. C. DULANY CO., BALTIMORE.

Lads

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Aug~~ Aug. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 15 1906

that I last saw him alive on Aug 14 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as foliows:

Gastritis acute

(DURATION) DAYS

Contributory Convulsions

~~(DURATION)~~ DAYS

(Signed) G. W. Slater M. D

Aug 15 1906 (Address) 1203 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL Mt Auburn Cemetery | DATE OF BURIAL Aug 17th 1906

UNDERTAKER Felix B Rye | ADDRESS 102 E Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92814

Registered No. B

City of Baltimore, (No. 1938 E Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Melvin Ribakow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 4th 1906 (Month) (Day) (Year)

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Ribakow

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Kallus

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Ribakow

(Address) 1938 E. Chase st.

Filed 8/17 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 16 1906 that I last saw h[im] alive on Aug 16 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) DAYS

Contributory Bulbe bebz and heart

(DURATION) DAYS

(Signed) Thos J. Emmert M. D.

Aug 17 1906 (Address) 1025 Madge

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Philips Ad Road — DATE OF BURIAL: Aug 17 1906

UNDERTAKER: Mof Levinson — ADDRESS: 1138 Lowe

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92815

City of Baltimore, (No. 1000 E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male ~~Female~~ | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Rubin Gardes

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esteber Skillman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Goldstein

(Address) 33 N. Caroline st

Filed 8/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Aug 16 1906 that I last saw him alive on ..... 1906, and that death occurred, on the date stated above, at 7 ..... M. The CAUSE OF DEATH was as follows:

Acute Indigestion

One day (DURATION) ..... DAYS

Contributory heart failure

Confirmed (DURATION) ..... DAYS

(Signed) A. J. Freedman M. D.

8/16 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bloom Road Hebrew	aug 17 1906
UNDERTAKER	ADDRESS
Mont Sinnon	1138 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John J. Nooney

{ Residence, if in Baltimore, Give Street and Number. } 516 W. Mulberry St.

Duration of Residence in Baltimore. Lifetime B92816

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	Aug. 6 1848
AGE	58 years, — months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Matthew Nooney
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Barry.
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Austin D. Nooney

(Address) 516 W. Mulberry St.

Filed 8/17 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug 15 1906

that I last saw h[im] alive on Aug 14 1906,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) 1 DAYS

Contributory (Primary.) Intracranial Hemorrhage. (DURATION) 16 DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Aug. 16 1906

Place of Burial Cathedral Cemetery

Date Aug 17, 1906

Undertaker Henry W. Means & Sons

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92817

City of Baltimore, (No. 338 S. Bethel St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Saunders

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1851 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: William Tarnish

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachel Tarnish

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Saunders

(Address) 93 S Bethel Street

Filed 8/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 15 1906 that I last saw h[illegible] alive on Aug 15 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis & Insanition

(DURATION) 12 DAYS

Contributory Acute Peritonitis

(DURATION) 12 DAYS

(Signed) A. A. Bundick M. D.

Aug 16 1906 (Address) 32 S. Rivers

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Cambridge Md

DATE OF BURIAL: Aug 18th 1906

UNDERTAKER: Wm J G Jackson

ADDRESS: 421 Mullikin St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 — 92818 — Registered No. B 92818

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 May St. — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Grace & Grant Gordon

{Residence, if in Baltimore, Give Street and Number.} 1407 May St. Balto.

Duration of Residence in Baltimore.

B92818

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Bl.

DATE OF BIRTH: Aug 14 th 1906

AGE: 0 years, 0 months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Grant Gordon

BIRTHPLACE OF FATHER (State or country): Dunton, Md.

MAIDEN NAME OF MOTHER: Grace Harshaw

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md.

~~OCCUPATION~~ OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Gordon

(Address) 1407 May St.

Filed 8/17 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 th 1906 to Aug 15 th 1906 that I last saw her alive on Aug 14 th 1906, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug. 15th 1906

Place of Burial Asbury

Date Aug 17 th 1906

Undertaker Wm J. G. Jackson

Address 1426 Mullikin St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92819

City of Baltimore. (No. 1007, E Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ~~12~~ ~~9~~ ~~1903~~ (Month) (Day) (Year)

AGE: 2 years, 8 months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James. Hayward Jones

BIRTHPLACE OF FATHER (State or country): North. Carolina

MAIDEN NAME OF MOTHER: Odelia. Blankenships

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): J. H. Jones

(Address): 1007 E Chase St

Filed 8/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 14th 1906 to aug 16th 1906 that I last saw her alive on aug 16th 1906, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Entero Colitis

~~3~~ (DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) / DAYS

(Signed) J Wade M. D.

aug 16 1906 (Address) 621 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: Aug 18 1906.

UNDERTAKER: Henry Hooks & Son | ADDRESS: 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1719 East Eager St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard Byrnes

{ Residence, if in Baltimore, Give Street and Number. } 1719 E. Eager St

Duration of Residence in Baltimore. 50 yrs B92820

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 53 years, ... months, ... days	
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED	
BIRTHPLACE (State or country): Connecticut	
FULL NAME OF FATHER: Joseph H. Byrnes	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Bridget Maguire	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Stone cutter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Byrnes

(Address) 1719 E Eager St.

Filed 8/17 190 6 Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Aug 16th 190 6	
I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...	
that I last saw h ... alive on ... 190 ...,	
and that death occurred, on the date stated above, at ...	
M. CAUSE OF DEATH (Secondary or Immediate)	
Consumption	
two years (DURATION) ... DAYS	
Contributory (Primary.)	
(DURATION) ... DAYS	
(Signed) Julian Bareuther M.D.	
Address 700 Eager St. (Coroner)	
Date Aug. 16th 190 6	
Place of Burial St. Mary's Cemetery Govans	
Date Aug. 18th 190 6	
Undertaker Henry Hoeck & Son	
Address 130 E. Eager St.	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Sievert

{Residence, if in Baltimore, Give Street and Number.} 1214 Stockholm St

Duration of Residence in Baltimore. mo

B92721

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Sievert

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Maxwell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 120 W. Fountain

Filed 8/17 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 15 1906 that I last saw her alive on Aug 15 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition -

(3½ lbs)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Mitchell Jr. M.D.

Address 804 Cathedral St.

Date Aug 15 06 190

Place of Burial Western Cem

Date Aug. 17th 1906

Undertaker John D Fields

Address 120 W. Fountain

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1906 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerome B. Rutledge.

{Residence, if in Baltimore, Give Street and Number.} 1906 E. North Ave.

Duration of Residence in Baltimore. 12 yrs.

B92822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 31 1878

AGE: 28 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Marriville Md

FULL NAME OF FATHER: Jessie P. Rutledge.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Melissa Lowe

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Myrtle Baldy

(Address) 1906 E North Ave

Filed 8/17 1906 BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 15 1906 that I last saw h[illegible] alive on Aug 15 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Typhoid fever 4 weeks

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument

Date Aug 16 1906

Place of Burial Marriville Md Harford Co.

Date Aug 18 1906

Undertaker Wm Cook

Address 502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 Third ave (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Wm. M. & Minnie B. Brown

{ Residence, if in Baltimore, Give Street and Number. } 409 Third ave

Duration of Residence in Baltimore. Life

B 92823

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 16 1906

AGE 3½ Hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Wm M. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Minnie B. Wilson

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M Brown (Father)

(Address) 409 3rd Ave

Filed 8/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16th 3 pm 1906 to Aug 16th 6.30 pm 1906

that I last saw h him alive on Aug 16th 1906,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) 3½ hours DAYS

Con'tributory (Primary) Arrest of development (DURATION) ? DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave

Date Aug 16th 1906

Place of Burial St Marys Hampden

Date Aug 17 m 1906

Undertaker Wm E Chenoweth & Son

Address 913 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 92824 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~115~~ 1546 William St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Kane

{Residence, if in Baltimore, Give Street and Number.} 1546 William St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: mar. 14th 1906

AGE: ..... years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William J. Kane

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Fredericka Hoblitzel

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. J. Kane

(Address) 1546 William St

Filed 8/17 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Aug 16 1906 that I last saw her alive on Aug 16 1906, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ileo - colitis

(DURATION) 7 DAYS

Contributory (Primary.) Malnutrition & exhaustion (DURATION) 10 DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st

Date Aug 17/06 1906

Place of Burial Cedar Hill

Date Aug 17 1906

Undertaker S E Flannigan

Address 1760 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92825

City of Baltimore, (No. 1013 S. Sharp St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha J. Brookes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar 19 1906 (Month) (Day) (Year)

AGE: ..... years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Brooks

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lena Heimitz

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brookes

(Address) 1013 S. Sharp st

Filed 8/17 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 16 (Day) 190 6 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 6th 190 6 to Aug. 9th 190 6

that I last saw her alive on Aug. 9th 190 6

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Coma.

Contributory Cerebro Spinal Meningitis (DURATION) 1½ DAYS

(DURATION) 4 DAYS

(Signed) Hy. Waldschmidt M.D.

190 6 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Aug 17 190 6

UNDERTAKER: F. A. Krause & Bro — ADDRESS: 703 Hanover

Ward 7 92826 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Parkin st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida M. Sommers

{Residence, if in Baltimore, Give Street and Number.} 330 S. Parrish st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: April 8 1880

AGE: 26 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Stewart

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Lena Boyle

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Sommers

(Address) 330 South Parrish

Filed 8/17 1906 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 6 1906 to Aug 15 1906 that I last saw h[illegible] alive on Aug 15 1906 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) Final DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis. (DURATION) 7 months

(Signed) F. W. Simmons M.D.

Address 317 N. Carrollton Ave

Date Aug 16, 1906

Place of Burial Linden Park Cem

Date August 18 1906

Undertaker Jos. Sowers, Son

Address 217 S. Pacay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 James Al. St. (If Death in Hospital or Institution, give its Name instead of Street and No.)

Full Name Maggie Hammel

{ Residence, if in Baltimore, Give Street and Number. } 1019 James Al

Duration of Residence in Baltimore. Life B92827

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 15 1888

AGE: 18 years, 7 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Adam Hammel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Klotschmann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Hammel (mother)

(Address) 1019 James Av

Filed 8/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 15 1906

I HEREBY CERTIFY, That I attended deceased from March 19 1906 to August 15 1906 that I last saw h[er] alive on Aug 13 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 5 Mths

Contributory (Primary.) Exhaustion

(DURATION) Days

(Signed) Otto M. Reinhardt M.D.

Address 1017 S Charles St

Date August 15 1906

Place of Burial Western

Date Aug 18 th 1906

Undertaker Jos. Stumtebe & Co

Address 818 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank D. Taliaferro

{ Residence, if in Baltimore, Give Street and Number. } 1603 W Fayette St.

Duration of Residence in Baltimore. 40 yrs. B92828

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1 1866

AGE 40 years, 2 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Edward Taliaferro

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Martha Freeman

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Fish Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Phoeba Taliaferro

(Address) 1603 W. Fayette St

Filed 8/17 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1906 to Aug 14th 1906 that I last saw h— alive on Aug 14 1906 and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Contributory (Primary) Tuberculosis (Duration) 365? DAYS

(Signed) J Harry Uhrich M.D.

Address # 1114 Cary St.

Date Aug 14 — 1906

Place of Burial Hebrew

Date Aug 17 1906

Undertaker J & B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92829

Registered No. B .....

City of Baltimore, (No. 2132 W. Fayette St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stanley R Feick

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. (Month) 4 (Day) 1886 (Year)

AGE 20 years, 6 months, 12 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Christian Feick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosa C. Ruegg

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Feick

(Address) 2132 W Fayette St

Filed 8/17 1906

HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 16 1906 that I last saw h[e] alive on Aug 16 1906, and that death occurred, on the date stated above, at 6 1/2 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever
Asthenia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Joseph Hoen M. D.

Aug 17 1906 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 18 1906

UNDERTAKER Jos B Cook | ADDRESS 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B B92830

CERTIFICATE OF DEATH.

(Place of Death.) No. 1337 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith E Chambers

{Residence, if in Baltimore, Give Street and Number.} 1337 Ramsay st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 30 1905

AGE ..... years, 9 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Osteud L Chambers

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lillie Galloway

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Osteud L Chambers

(Address) 1337 Ramsay St

Filed 8/17 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 17 1906 that I last saw h-e alive on Aug 16 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.) Cellulitis of neck

Don't know as to autopsy consent inspection (DURATION) ..... DAYS

Contributory (Primary.) Pathemia

..... (DURATION) ..... DAYS

(Signed) John L Conner M.D.

Address 1300 W Lombard st

Date Aug 17 1906

Place of Burial Loudon Park

Date Aug 18 1906.

Undertaker J B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 ... 28 ... Registered No. B ... 1909

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin F. Stansbury

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 45 Years B92831

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 51 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Stansbury

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Susan Zellers

BIRTHPLACE OF MOTHER (State or country) York Co Md

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM, Lemar Holliday. Supt.

(Address)

Filed 8/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

OK CHAS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22. 1904 to Aug. 16. 1906.

that I last saw him alive on Aug 16. 1906.

and that death occurred, on the date stated above, at 2.50 noon

CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) Instantly DAYS

Contributory (Primary) Aspiration of food (DURATION) Instantly DAYS

(Signed) J. McDermott M.D.

Address Bay View Asylum

Date August 16 1906.

Place of Burial Western

Date Aug 18 1906

Undertaker J. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92832

City of Baltimore, (No. 505, Hoffman Al, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mary Kent.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Rollins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nellie Rollins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Hackett

(Address) 2100 Washington Ave

Filed 8/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Aug 15 1906, that I last saw her alive on Aug 15 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Heat Exhaustion

(DURATION) 1 DAYS

Contributory Nephritis

George Thomas (DURATION) 2 DAYS

(Signed) Dr. Edw. Wagner, M. D.

Aug. 16, 1906. (Address) 922 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	August 17 1906
UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 100

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 Ensor St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minerva Cross

{ Residence, if in Baltimore, Give Street and Number. } 816 Ensor St

Duration of Residence in Baltimore.....

B92833

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Col
DATE OF BIRTH	— 1
AGE	62 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm Crawford
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sarah —
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 816 Ensor St

Filed 8/17 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 15 1906

that I last saw h alive on Aug 15 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis & Heart failure

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis, Ac

(DURATION) — DAYS

(Signed) A Heyefarth M.D.

Address 1201 E. Fort Avenue

Date Aug 16 — 1906

Place of Burial Randalls Town Balto Co Md

Date August - 18 — 1906

Undertaker T. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92834

Local Brich Registered No. B.....

City of Baltimore, (No. 1401, Garrett av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Lorenz Harms.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 30 (Day) 1847 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Esterbrugge Hanover

FULL NAME OF FATHER: Lorenz Harms.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hotel Proprietor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie M. Harms Widow

(Address) 1401. Garrett av.

Filed 8/17 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 1906

that I last saw h..... alive on Aug 14 1906,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Paralysis.

This was his 4th attack. (DURATION) ..... DAYS

Contributory .....

Lasty (DURATION) 7 DAYS

(Signed) Dr. J. W. Weber M. D.

Aug 16 1906 (Address) 1721 Caudron ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	Aug 17 1906
UNDERTAKER	ADDRESS
Jos. Stumbock	1318 Light st.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 92835

92835

CERTIFICATE OF DEATH.

(Place of Death.) No. THE JOHNS HOPKINS HOSPITAL St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name RANDOLPH B BAFFORD.

{ *Residence, if in Baltimore, Give Street and Number.* } 735 N WASHINGTON ST,

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: MALE	COLOR: WHITE
DATE OF BIRTH: Aug 7 1879 1	
AGE: 27 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	MARRIED
BIRTHPLACE (State or country)	MARYLAND
FULL NAME OF FATHER	Edward Bafford
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Alcetta More.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	POLICE

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Bafford

(Address) 735 Washington

Filed 8/17 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUGUST 16TH, 06. 190

I HEREBY CERTIFY, That I attended deceased from AUG 3RD, 06 190 to AUG 16 06 190

that I last saw him alive on AUG 16 06 190

and that death occurred, on the date stated above, at 9.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lukemia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) John McF Berry Jr M.D.

Address THE JOHNS HOPKINS HOSPITAL

Date Aug 17 1906

Place of Burial Louden Park,

Date Aug 18 1906

Undertaker Slater & Neal

Address 901 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92836

City of Baltimore, (No. 232, S. Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virgie Wainwright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Jan. (Month) 3 (Day) 1906 (Year)

AGE: — years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Wainwright

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Smallwood

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Wainwright

(Address) 232 S. Bethel St

Filed 8/17 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 16* (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 14 1906 to Aug. 16 1906 that I last saw h— alive on Aug. 15 1906, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 3 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) G. C. Sheuy M. D.

Aug 16 1906 (Address) 1135 Highland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bury Cemetery | DATE OF BURIAL: Aug 17 1906

UNDERTAKER: E Bryan | ADDRESS 2156 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B92837

CERTIFICATE OF DEATH.

(Place of Death.) No. 1636 Thames St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bochenska

{ Residence, if in Baltimore, Give Street and Number. } 1636 Thames St.

Duration of Residence in Baltimore. Life

B92837

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 2 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto - Md	
FULL NAME OF FATHER: Frank Bochenska.	
BIRTHPLACE OF FATHER (State or country): Germany.	
MAIDEN NAME OF MOTHER: Mary Lazarska.	
BIRTHPLACE OF MOTHER (State or country): Germany.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bochenska.

(Address) 1636 Thames St

Filed 8/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1906 to Aug. 16th 1906 that I last saw h er alive on Aug 16th 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

three days (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

two weeks (DURATION) ..... DAYS

(Signed) Fredk A. Conrad M.D.

Address 2221 E. Bath St

Date Aug. 16th 1906

Place of Burial Holy Rosary.

Date ..... 190 ....

AUG 17 1906
HARRY G. ANDREWS.
PERMIT CLERK.

Undertaker M. F. Sadowski.

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2622 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladislaw Milecki

{ Residence, if in Baltimore, Give Street and Number. } 2622 Hudson St

Duration of Residence in Baltimore. Life

B92838

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Henry Milecki

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Michalina Kowalewski

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Milecki

(Address) 2622 Hudson St

Filed 8/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 16 1906 that I last saw him alive on Aug 15 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) A L Long M.D.

Address 2429 Fait Ave

Date Aug 17 1906.

Place of Burial St Stanislaus

Date Friday Aug 17 1906

Undertaker M F Andrewski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B 92839

92839

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Betsy Moody

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 90 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Owner Policy

(Address)

Filed 8/17 1906

WILLIAM U. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug 16 1906

that I last saw h alive on Aug 16 1906,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis, Senility.

..... (DURATION) ..... DAYS

Contributory (Primary.) Cystitis & Cholecystitis

(Duration) ..... DAYS

(Signed) Wm. Lee M.D.

Address Bay View Asylum

Date Aug 16 1906

Place of Burial Mt Auburn

Date Aug 17 1906

Undertaker Jno N. Toadvine

Address 206 Wilkens St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92840

CERTIFICATE OF DEATH.

(Place of Death.) No. 1251 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Wolf

{Residence, if in Baltimore, Give Street and Number.} 1251 Battery Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 17 1842

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Hollenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Auld

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Wolf.

(Address) 1251 Battery ave

Filed 8/17 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1906

I HEREBY CERTIFY, That I attended deceased from 6 Mos Aggr to Aug 15 1906

that I last saw h— alive on Aug 15 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

(DURATION) 6 M 5 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 3 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Lytton

Date Aug 16 1906

Place of Burial Lorraine Cemetery

Date Aug. 18 1906

Undertaker D. Tew McAnally

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 92841

53

CERTIFICATE OF DEATH.

(Place of Death.) No. 1446 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Flynn

{Residence, if in Baltimore, Give Street and Number.} 1446 Light

Duration of Residence in Baltimore. Life B92841

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 23 1906

AGE ..... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas Flynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address)

Filed 8/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 17 1906 that I last saw h[im] alive on Aug 16 1906 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mal nutrition

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Harry Myers M.D.

Address 1340 E Chase St

Date Aug 17 1906

Place of Burial Holy cross Cemetery

Date Aug 18 1906

Undertaker D. & M. G. Flynn

Address 420 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 (92842 Registered No. B 170

CERTIFICATE OF DEATH.

(Place of Death.) No. 565 Orchard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Prout

{ Residence, if in Baltimore, Give Street and Number. } 565 Orchard St.

Duration of Residence in Baltimore. 12 years B92842

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Aug 28 1837

AGE 68 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Annapolis Md.

FULL NAME OF FATHER Paul Johnson

BIRTHPLACE OF FATHER (State or country) Annapolis Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) her Annie Gross X mark

(Address) 557 Orchard St

Filed 8/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15. 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 15 1906

that I last saw her alive on Aug 15 1906, and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

(B) Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date Aug. 16. 1906

Place of Burial Laurel Cemetery.

Date August 18th 1906

Undertaker Felix B Pyle

Address 182 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. University Maryland Maternity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Jester

{ Residence, if in Baltimore, Give Street and Number. } ———

Duration of Residence in Baltimore. 892943

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Aug 16, 1906	
AGE: 3½ hours (~~years~~, ~~months~~, ~~days~~)	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore, Maryland	
FULL NAME OF FATHER: ———	
BIRTHPLACE OF FATHER (State or country): ———	
MAIDEN NAME OF MOTHER: Annie Cathrin Jester	
BIRTHPLACE OF MOTHER (State or country): Thomasville, Delaware	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/17 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1906 to Aug 17, 1906 that I last saw her alive on Aug 17 1906, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. A. Cantwell M.D.

Address 622 W. Lombard St

Date Aug 17, 1906

Place of Burial ..... COLLEGE OF P. & S. AUG 17 1906

Date ..... 190...

Undertaker .....

Address Heath Depart

WM. J. C. DULANY CO., Baltimore.

225

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 02844

City of Baltimore, (No. 404, E. Preston St.; 11 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola Warwick

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ..... 1 (Month) (Day) (Year)

AGE 16 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm D Warwick

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) City.

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Warwick

(Address) 404 E Preston

Filed 8/17 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to Aug 16th 1906 that I last saw her alive on Aug 16th 1906, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Hemorrhage from bowels

Typhoid Fever (DURATION) 17 DAYS

Contributory Lobar pneumonia

Lodge (DURATION) 1 DAYS

(Signed) Claude Thos Baldwin M.D.

Aug 16 1906 (Address) 9 E. Read St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	8/18 1906
UNDERTAKER	ADDRESS
Wm J Schilling	9 S Poppleton

Ward 10 Registered No. 105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Grogan

{Residence, if in Baltimore, Give Street and Number.} 1031 W. Saratoga St.

Duration of Residence in Baltimore. 3 mos B92845

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: John Grogan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Burne

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grogan

(Address) 1031 W. Saratoga St

Filed Aug 18 1906 HENRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17th 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 17 1906 that I last saw h[illegible] alive on Aug 17 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 40 DAYS

Contributory (Primary.) Dyspepsia de[illegible]

(DURATION) 14 DAYS

(Signed) J. M. Kinsley M.D.

Address 704 Cathedral St.

Date Aug 17th 1906.

Place of Burial Mt. Cathedral Cem

Date Aug 18th 1906

Undertaker John J. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

92846 Reg

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1265 Spring St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Chambers

{ Residence, if in Baltimore, Give Street and Number. } Patapsco Inst Balto Co

Duration of Residence in Baltimore.

92846

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Oct 25th 1863

AGE: 42 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Oliver Chambers

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebbeca Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Farm laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Chambers

(Address) Grange Balto Co.

Filed 8/18 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on — 190,

and that death occurred, on the date stated above, at ....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date Aug 18 1906

Place of Burial Buck River Neck Balto Co.

Date August 19th 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY O

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92847.

City of Baltimore, (No. 955 N. Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Claude Gaines.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1 (Month) (Day) Year)

AGE: 1 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Charles L Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Maggie Gaines

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L Jones

(Address) 955 N Chapel St

Filed 8/18 1906

HARRY J. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1906 to August 17th 1906 that I last saw h[illegible] alive on Aug. 14th 1906, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) — DAYS

Contributory Pulmonary Phthisis

(DURATION) 8 months

(Signed) Wm. A. White M. D.

Aug. 17th 1906 (Address) 1101 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Aug 18 1906

UNDERTAKER: R A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lemard Williams

{ Residence, if in Baltimore, Give Street and Number. } 523 Madeira st

Duration of Residence in Baltimore. Life

B928 48

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: colored
DATE OF BIRTH: June 10th 1904	
AGE: ..... years, 2 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: William Anderson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Clara Williams	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Williams

(Address) 523 N. Madeira St.

Filed 8/18 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 17th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Jaundice (DURATION) DAYS

Contributory (Primary.) Invagination

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. Comm.

Date Aug. 17th 1906

Place of Burial Laurel Cemetery

Date Aug 18 1906

Undertaker R. K. Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92849

City of Baltimore, (No. 2020, Keyser St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel Jenkins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Queen Anne Co Md

FULL NAME OF FATHER: Henry E Jenkins

BIRTHPLACE OF FATHER (State or country): Balto Co —

MAIDEN NAME OF MOTHER: Ruth Taylor

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry E Jenkins

(Address) 2620 Keyser St

Filed 8/18 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1906 to Aug 16th 1906 that I last saw him alive on Aug 16th 1906, and that death occurred, on the date stated above, at 12.16 P. M. The CAUSE OF DEATH was as follows:

Acute Cicentaric diarrhoea

..... (DURATION) 4 DAYS

Contributory Exhaustion

..... (DURATION) Several DAYS

(Signed) Jno H. Smith M. D.

Aug 16th 1906 (Address) 1101 W. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury — DATE OF BURIAL: Aug 18th 1906

UNDERTAKER: Wm J G Jackson ADDRESS: 1421 Mulliken St

CERTIFICATE OF DEATH.

(Place of Death.) No. 424 S. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Selma Mudy

{Residence, if in Baltimore, Give Street and Number.} 424 S. Central Ave

Duration of Residence in Baltimore. Lifetime B92850

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Dec. 20th 1906

AGE ..... years, 8 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Carl Mudy

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Klotz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Mudy

(Address) 424 S. Central Ave

Filed 8/18 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 18 1906

that I last saw h[illegible] alive on Aug 17 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis

(DURATION) One DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore

Date Aug 18 1906

Place of Burial Mt. Carmel

Date Aug 19 1906

Undertaker Wendell Dippel Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Nicholas B & Annie L Whiteford

{Residence, if in Baltimore, Give Street and Number.} 608 Campbell Ave

Duration of Residence in Baltimore. Life B92851

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 16 1906
AGE	..... years, ... months, 1 day
SINGLE, MARRIED, WIDOWED, OR DIVORCED	...
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Nicholas B. Whiteford
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Annie L Entwisle
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N B Whiteford

(Address) .....

Filed 8/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1906

I HEREBY CERTIFY, That I attended deceased from August 16 1906 to Aug 17 1906 that I last saw her alive on Aug 17 1906, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

Neonatorum

(DURATION) 1 DAYS

Contributory (Primary.) Collapse

sudden (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 553 Columbia Ave

Date Aug 17 1906

Place of Burial Druid Hill Park Cem

Date Sat. Aug 18 1906

Undertaker Wm. J. Pickerstons

Address Linden & Baca

WM. J. C. DULANY CO., BALTIMORE.

or Mine Columbia Ave

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 South Regester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Otto

{Residence, if in Baltimore, Give Street and Number.} 229 South Regester St

Duration of Residence in Baltimore. Dusing Life

B92852

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 2 ond 1905

AGE: 1 years, 3 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Oscar Otto.

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Jennie Hummel

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Otto

(Address) 229 S. Regester St

Filed 8/18 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1906 to Aug 17th 1906

that I last saw him alive on Aug 16th 1906, and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Constant a week (DURATION) DAYS

Contributory (Primary) Cholera infantum

about five weeks (DURATION) DAYS

(Signed) Fredk. A. Gouaden M.D.

Address 2121 E. Balt. St

Date Aug 17th 1906.

Place of Burial Baltimore Cemetery

Date Aug 19th 1906

Undertaker Philip Seewald & Son

Address 1198 E. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 Harford Av. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Fleckenstein

Residence, if in Baltimore, Give Street and Number. 1315 Harford Av

Duration of Residence in Baltimore. Lifetime B92853

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Aug. 7 1906

AGE: ..... years, ... months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Fleckenstein

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Kissling

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address) 1315 Harford Ave.

Filed 8/18 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 – 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 7 – 1906 to Aug. 17 – 1906 that I last saw h.e.r alive on " " 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Premature birth 8th month (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date August 17 – 1906

Place of Burial Holy Redeemer Cemetery

Date Aug 18 1906

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 Harford Av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Fleckensteins

{Residence, if in Baltimore, Give Street and Number.} 1315 Harford av.

Duration of Residence in Baltimore. Lifetime

B92854

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 7 1906

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John F Eckenstein

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Kissling

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Inf

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1315 Harford Ave.

Filed 8/18 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1906 to Aug. 17 1906 that I last saw h in alive on " " 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary) Premature birth 8th month (DURATION) 10 DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date August 17 1906

Place of Burial Holy Redeemer Cemetery

Date Aug. 18 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Bennie Pratt

{Residence, if in Baltimore, Give Street and Number.} 1218 Hollins St

Duration of Residence in Baltimore. 3 or 4 years B92555

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH Dec 16 1872

AGE 34 years, 8 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Marietta Ohio

FULL NAME OF FATHER Geo H. Pratt

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Carrie McAlister

BIRTHPLACE OF MOTHER (State or country) Marietta Ohio

OCCUPATION OF DECEASED Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sedonia Pratt

(Address) 1218 Hollins St

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 17 - 1906

I HEREBY CERTIFY, That I attended deceased from May - 25 - 1906 to Aug 17 1906

that I last saw h alive on Aug 17 1906

and that death occurred, on the date stated above, at 4 45 P M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Miliary Tuberculosis

(DURATION) 80 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) M. W. Shaw M.D.

Address Md Homeo Hospital

Date Aug - 17 1906

Place of Burial Loudon Park

Date Aug 19 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Removal Permit to 1218 Hollins St

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Frederick Ave. St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Mary E. Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 1808 Frederick Ave

Duration of Residence in Baltimore. Life. 392856

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White.
DATE OF BIRTH	~~Aug 12~~ 1906
AGE	55. years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Balto. City.
FULL NAME OF FATHER	John Creamer
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Jennie Robinson
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. M. Zimmers

(Address) 1808

Filed 8/18 1906. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13. 1906 to Aug 17. 1906 that I last saw her alive on Aug 16 1906 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3. DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) 8 years

(Signed) J. R. Wilson M.D.

Address 1735 Hollins St.

Date Aug 18. 1906

Place of Burial London Park

Date Aug 20. 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 931 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Edwards

{Residence, if in Baltimore, Give Street and Number.} 931 Valley

Duration of Residence in Baltimore. 34 Eas B72857

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 1859

AGE: 47 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Richard McCammon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sibbie Dixon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs J. Murray

(Address) 931 Valley

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17. 1906

I HEREBY CERTIFY, That I attended deceased from July 3. 1906 to August 17. 1906 that I last saw her alive on August 7 1906, and that death occurred, on the date stated above, at 11.16 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) 5 DAYS

Contributory (Primary) Carcinoma Uteri (DURATION) 4 mos DAYS

(Signed) Mary F Voglino M.D.

Address 1028 Valley St

Date Aug. 17. 1906.

Place of Burial Holy Cross

Date Aug 20 1906

Undertaker Robt J Turner

Address Bay View

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92858 — Registered No. B 92858

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine B. Wood

{Residence, if in Baltimore, Give Street and Number.} 32 S. Poppleton St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 23rd 1906

AGE: — years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frank B. Wood

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Lucie C. Berry

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank B. Wood

(Address) 32 S. Poppleton St.

Filed 8/18 1906 NANNY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to August 1906 that I last saw her alive on Aug 16 1906 and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 18 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Mahoney M.D.

Address 1315 Hollins

Date Aug. 17, 1906

Place of Burial Loudon Park

Date aug 19 1906

Undertaker Geo. W. Readenour & Co

Address 901 Hollins St.

WM. J. C. DULANY CO., BALT

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 92859 — Registered No. B 92859

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia F. Atkison

{Residence, if in Baltimore, Give Street and Number.} 1903 Wilhelm St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec: 23. 1905
AGE	~ years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles Atkison
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Elizabeth Schmidt
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Atkison

(Address) 1903 Wilhelm St

Filed 8/18 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Aug 16 1906

that I last saw h-r alive on Aug 16 1906,

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Grippe

(DURATION) DAYS

(Signed) Walter A Lee MD M.D.

Address 2017 Wilkens Ave

Date Aug 17 1906

Place of Burial Western Cem:

Date Aug 18th 1906

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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92860

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92860

Registered No. B.....

City of Baltimore, (No. 1127 N. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry H. Cullum

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. (Month) 13 (Day) 1855 (Year)
AGE	51 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	George H. Cullum
BIRTHPLACE OF FATHER (State or country)	Ohio
MAIDEN NAME OF MOTHER	Mary J. Whiteley
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Mining + Milling

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie R. Stevens

(Address) 1127 N. Caroline St.

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 4th 1905 to Aug. 16 1906 that I last saw him alive on Aug 14th 1906, and that death occurred, on the date stated above, at 11.45 a.m. The CAUSE OF DEATH was as follows: -

Locomotor Ataxia
Just symptoms
8 years ago

(DURATION) DAYS

Contributory Cerebral Syphilis involvement of brain (DURATION) 30 DAYS

(Signed) Henry H. Thomas M. D.

Aug 16 1906 (Address) 1228 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	AUG 19 1906
UNDERTAKER Wm. O'Fay	ADDRESS [illegible] BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimo

SECTION 2. *And be it further enacted and ordained*, That whe the Physician who attended during his or her last sickness, or the *twenty-four hours after death*, to the Undertaker, or other person sup can be ascertained, the full name, sex, age, condition (whet ed or single) of the

92861

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92861

Registered No. B

City of Baltimore, (No. 516 S. Durham St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillie Lucindi Lewandowski.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wawrzyn Lewandowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Urbanska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lewandowski

(Address) 516 S. Durham St

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Aug. 17th 1906

that I last saw h[er] alive on Aug 8th 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. F. Ries M. D.

Aug. 17th 1906 (Address) 213 S. Broad St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus.	AUG 18 1906
UNDERTAKER	ADDRESS
M. F. Padowski.	903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

~~92862~~

Ward ..... Registered No. B 92862

CERTIFICATE OF DEATH.

(Place of Death.) No. 347 Fulmore St (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bryan

{Residence, if in Baltimore, Give Street and Number.} 347 Fulmore St

Duration of Residence in Baltimore.. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 38 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Not known	
FULL NAME OF FATHER: Not known	
BIRTHPLACE OF FATHER (State or country): Not known	
MAIDEN NAME OF MOTHER: Not known	
BIRTHPLACE OF MOTHER (State or country): Not known	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C Brannerth

(Address) 1940 Wolfe st

Filed 8/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug-17- 1906

I HEREBY CERTIFY, That I attended deceased from about 2 1906 to Aug 17 1906

that I last saw h er alive on Aug 14 1906

and that death occurred, on the date stated above, at 1.4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus & Liver

(DURATION) — DAYS

Con'ributory (Primary.)

(DURATION) — DAYS

(Signed) H. G. Cruikshank M.D.

Address 809 Gorsuch Ave

Date Balto Aug 18- 1906

Place of Burial St Alphonsus

Date Aug 18 1906

Undertaker Henry Lutz

Address 1007 W. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92863

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92863

Registered No. B.....

City of Baltimore, (No. 1115 Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Clifford

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Feb (Month) 9th (Day) 1893 (Year)

AGE: 13 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Clifford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Robberts

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Clifford

(Address) 1115 Preston st

Filed 8/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1905 to Aug 17 1906

that I last saw her alive on Aug 16 1906,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Endocarditis Valvular insufficiency Rheumatic

following Scarlet fever (DURATION) DAYS

Contributory duration 18 mos. (DURATION) DAYS

(Signed) F. J. Kirby M. D.

Aug 17 1906 (Address) 110 E North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ballo cemetery	Aug 20th 1906
UNDERTAKER	ADDRESS
A F Philbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92864

Ward 1 92864 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Kirk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen J. Kelly

{Residence, if in Baltimore, Give Street and Number.} 1127 Kirk st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 42 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Henry Kelly.
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Fac'k Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margie Bell

(Address) 1127 Kirk St.

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

(DURATION) ..... DAYS

Contributory (Primary.) Heart Disease, of unknown (DURATION) ..... DAYS

(Signed) Oscar Baetzman M.D.

Address 700 Lafayette Ave. (Corner)

Date Aug. 18th 1906

Place of Burial Mt. Auburn Cemetery

Date Aug 20 1906

Undertaker Felix B. Pigs

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 92865 — Registered No. B 92865

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2110 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roger C. Smith.

{ Residence, if in Baltimore, Give Street and Number. } 2110 Division St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Isac Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elice Bailey

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elice Smith

(Address) 2110 Division st

Filed 8/18 1906. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16, 1906

I HEREBY CERTIFY, That I attended deceased from July 2, 1906 to August 16, 1906 that I last saw him alive on Aug 15 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or immediate)

Cardiac Failure due to Muscular debility progressive (DURATION) 14-15 DAYS

Contributory (Primary.) Tuberculosis Pul. monary (DURATION) 5 Mos 2 DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date August 16, 1906

Place of Burial Howington Northern Avenue Co Va

Date aug 19 1906

Undertaker Wm J. Johnson

Address 1400 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B 92866

CERTIFICATE OF DEATH.

(Place of Death.) No. 444 S. Vincent St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph M. Johnson

{Residence, if in Baltimore, Give Street and Number.} 444 S. Vincent St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	June 22 nd 1894
AGE	12 years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Robert Johnson
BIRTHPLACE OF FATHER (State or country)	Balto city
MAIDEN NAME OF MOTHER	Janie Slater
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N S Fink

(Address) 2113 W Pratt St

Filed 8/18 1906

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17" 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16" 1906 to Aug 17" 1906 that I last saw h[illegible] alive on Aug 17" 1906, and that death occurred, on the date stated above, at 1230 P.M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 3 weeks DAYS

(Signed) N S Fink M.D.

Address 1103 S. Gilmor St

Date Aug 18" 1906

Place of Burial Mount Zion

Date Aug 20/ 1906

Undertaker N S Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 92867 — Registered No. B 92867

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Estelle Widmer

{Residence, if in Baltimore, Give Street and Number.} 1512 Mc Henry st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10th 1906

AGE: 0 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robt. A. Widmer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Estelle Ball

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. A. Widmer

(Address) 1512 Mc Henry St.

Filed 8/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 17th 1906 that I last saw h[er] alive on Aug 17th 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Inanition

(DURATION) 17 DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 17 DAYS

(Signed) E. A. Knost M.D.

Address 1727 W. Lombard St.

Date August 17th 1906

Place of Burial St Alphonsus

Date Aug 18th 1906

Undertaker F. S. Finch

Address 2113 N. Rabt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 92868 — Registered No. B 92868/4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1224 Wall St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ligetta Nickens

{Residence, if in Baltimore, Give Street and Number.} 1224 Wall St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 28th 1837

AGE: 68 years, 9 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Reuther

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Dietrich

(Address) 1224 Wall St.

Filed 8/18 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Aug 16 1906.

that I last saw her alive on Aug 16 1906.

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) H. D. Smith M.D.

Address 538 Hanover St.

Date Aug 17/1906. 190...

Place of Burial Cedar Hill

Date Aug 18th 1906

Undertaker Jos. Stumteldt

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 92869 — Registered No. B 92869

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Railroad Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard B. Brooks

{Residence, if in Baltimore, Give Street and Number.} 21 Railroad Avenue

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 18 1865

AGE: 41 years, 8 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Wm. D. Brooks.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary E. Buckingham

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Lather

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver M. Brooks

(Address) 428 Hickory Ave

Filed Aug 18 1906 — Registrar

HARRY O. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to Aug 17 1906

that I last saw h~~im~~ alive on August 17 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Typhoid Ulcers in Bowels. (DURATION) 1 DAY

Con'tributory (Primary) Typhoid Fever (DURATION) 31 DAYS

(Signed) Albert Kelly M.D.

Address 2532 Chestnut Ave

Date August 17 1906

Place of Burial St. Mary's Hampden

Date August 19th 1906

Undertaker Wm. E. Chenowith & Son

Address 919- 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, *condition* (whether married or single) of the person deceased, and the **cause and date of death**.

92870

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 92870

City of Baltimore, (No. 917 N Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Adolph & Ida M. Peck

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 17 (Month) 1906 (Day) 1906 (Year)

AGE — years, — months, few hours days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Adolph Pick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ida M Ritter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Pick

(Address) 917 N Gilmor St

Filed Aug 17 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased, from Birth one 1906 to months Child 1906 lived a few hours.

that I last ~~saw her~~ alive on ..... 190....., and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Premature birth

(DURATION) DAYS

(Signed) Robert K Kyle M. D.

190 (Address) 1000 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem: Balto Co | DATE OF BURIAL Aug 19 1906

UNDERTAKER C. W. Dill | ADDRESS 810 Fremont ave:

WM. J. C. DULANY CO., BALTIMORE.

Ward 12

92871

Registered No. B 92871

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1432 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Toleman

{Residence, if in Baltimore, Give Street and Number.} 1432 Marshall

Duration of Residence in Baltimore. 2 yrs 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH Aug 8 1888

AGE 18 years, [illegible] months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va —

FULL NAME OF FATHER William Toleman

BIRTHPLACE OF FATHER (State or country) Va —

MAIDEN NAME OF MOTHER Minnie Hill.

BIRTHPLACE OF MOTHER (State or country) Va —

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Toleman

(Address) Ocrans. Lancaster Co Va

Filed 8/19 1906 Wharf.

HARRY C. ANDREWS (PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 16 1906 that I last saw her alive on Aug 15 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis (Acute) Laryngeal & Pulmonary

(DURATION) 6 mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date Aug 17/06 1906

Place of Burial Ocrans Mt Lancaster Co Va.

Date Aug 19th 1906

Undertaker Jos. Stanton & Co

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. B 92872

92872

CERTIFICATE OF DEATH.

(Place of Death.) No. 1339 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1339 Andre St

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18 1906

AGE 43 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Wales — England

FULL NAME OF FATHER Daniel Thomas

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Tin cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Thomas

(Address) 1339 Andre St

Filed 8/19 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from January 1 1906 to Aug 18 1906

that I last saw h... alive on Aug 17 1906 6 P.M.;

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis (DURATION) 260 DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J Mahr M.D.

Address 510 E. Fort Ave.

Date Aug 18 1906

Place of Burial Cedar Hill

Date Aug 21st 1906

Undertaker Jos. Stumbrick

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 92873 — Registered No. B 92873

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Philpot St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Mercer

{Residence, if in Baltimore, Give Street and Number.} 823 E. Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1880

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James Mercer

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary Davis

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mercer

(Address) 823 E. Chase St

Filed 8/19 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Sadler Comm'r M.D.

Address 320 N Queen St

Date Aug 18 = 1906

Place of Burial Cedar Hill

Date Aug 20th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — Registered No. B 92874

92874

CERTIFICATE OF DEATH.

(Place of Death.) No. 2030 Maryland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Lockert

{Residence, if in Baltimore, Give Street and Number.} 2030 Maryland ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 2d 1842

AGE: 64 years, 4 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Norfolk Va

FULL NAME OF FATHER: James M. Lockert

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Margaret Pollard

BIRTHPLACE OF MOTHER (State or country): Norfolk Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Monroe Robinson

(Address) 2030 Maryland ave

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to Aug 16th 1906

that I last saw her alive on Aug 16 1906

and that death occurred, on the date stated above, at 4-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

following Pneumonia

of 2 1905

(Duration) two Years DAYS

Con'ributery (Primary.) Asthenia

(DURATION) DAYS

(Signed) O P Penning M.D.

Address 1711 St. Paul St

Date Aug 18th 1906

Place of Burial London Park Cemetery

Date Aug 20th 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92875

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92875

Registered No. B

City of Baltimore, (No. 1603, n Regester St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ines Ada Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: July (Month) 12 (Day) 1906 (Year)

AGE: ..... years, / months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicklaus Smith

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Johns

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicklaus Smith

(Address) 1603 N. Regester St

Filed 8/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to August 18 1906

that I last saw her alive on Aug. 18 1906,

and that death occurred, on the date stated above, at 9 a. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory Exhaustion

(DURATION) 30 DAYS

(Signed) A. D. Macdonald M. D.

Aug 18 1906 (Address) 1501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem. | DATE OF BURIAL: Aug 20 1906

UNDERTAKER: A. Fink & Son | ADDRESS: 916 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case coues under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92876

18

27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92876

City of Baltimore, (No. 505, N. Carroll Ave, 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary E. O'Brien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 1 1856 (Month) (Day) (Year)

AGE: 50 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas P. Shannon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen B. Allen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. C. O'Brien

(Address) Park & Vaughn Ave

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1905 to Aug 16 1906 that I last saw h er alive on Aug 16 1906, and that death occurred, on the date stated above, at 9.40 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis of Larynx

(DURATION) 260 DAYS

Contributory

(DURATION) DAYS

(Signed) Benj. J. Phillips M. D.

Aug 17 1906 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: Aug 20 1906

UNDERTAKER: Henry W. Means & Sons | ADDRESS: 805 N Calvert

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

92877. Registered No. B 92877

18

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Wilson

{ Residence, if in Baltimore, Give Street and Number. } 1810 Fremont Av.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miles Wilson

(Address) 1510 Fairmount ave

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1906 to Aug. 18th 1906

that I last saw her alive on Aug. 18 1906,

and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate)

Erysipelas

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date August 18th 1906

Place of Burial Asbury Cemetary

Date 20 August 1906

Undertaker John W Henderson

Address 531 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 m. 8th

Registered No. B 92873

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay view Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward J. Brooks

{ Residence, if in Baltimore, Give Street and Number. } Bay view asylum

Duration of Residence in Baltimore. ~~Twenty~~ 1 Year

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: 1	
AGE: 37 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Holyday, Supt.

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 18 1906 that I last saw h-im alive on Aug 18 1906, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Gen'l exhaustion.

(DURATION) DAYS

(Signed) Wm. Lee M.D.

Address BAY VIEW ASYLUM

Date Aug. 18" 1906

Place of Burial Sacred Heart

Date Aug. 19" 1906

Undertaker Evans & Spence

Address 1000 E. Balto. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V 92879 Registered No. B 92879

64

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ Bay View Asylum ~~St.~~ (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Philip Burns

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: — — 1	
AGE: 43 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Per Medical Supt.

(Address) "

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1906

I HEREBY CERTIFY, That I attended deceased from May 25 1906 to August 18 1906 that I last saw h im alive on August 17 1906 and that death occurred, on the date stated above, at 8 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Adema of Brain

(DURATION) 5 DAYS

Con tributory (Primary.) Thrombus ?

Cerebral Anemia (DURATION) ? DAYS

(Signed) H. M. Evans Lee M.D.

Address Bay View Asylum

Date August 18 1906

Place of Burial Sacred Heart

Date Aug. 19 1906

Undertaker Evans & Shreve

Address 1000 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

92880

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92880

City of Baltimore, (No. 123 N. Port St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Luebbecke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 2 (Month) 1852 (Day) (Year)

AGE: 54 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Stricker

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Stricker

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Herman Luebbecke

(Address) 123 Port St

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from about July 1905 to August 1906

that I last saw her alive on about July 14 1906,

and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Davis Hanman M. D.

Aug. 19, 1906 (Address) Johns Hopkins Hosp.

(SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetary | DATE OF BURIAL: Aug 20 1906

UNDERTAKER: L Ritz Jr | ADDRESS: 2336 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92881 Registered No. B 92881

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 937 Pantupent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Vernon Smyth

{ Residence, if in Baltimore, Give Street and Number. } 937 Pantupent St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. White

DATE OF BIRTH: May 11th 1906

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Joseph L. Smyth

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Emma Jones

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Smyth

(Address) 937 Patapsco St

Filed 8/19 1906 HARRY C. AMBERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1906 to Aug 17 1906

that I last saw h[illegible] alive on Aug 17 1906,

and that death occurred, on the date stated above, at 1.6 m. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis (DURATION) 10 DAYS

Contributory (Primary.) Exhaustion (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 539 S. Caton Ave

Date Aug - 18th 1906.

Place of Burial Holy Cross

Date Aug 19th 1906

Undertaker John A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

92882

Ward 6

92882 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 N. Patterson Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Ackerman

{Residence, if in Baltimore, Give Street and Number.} 35 N. Patterson Park Ave.

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 23rd 1852

AGE: 52 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: John B. Jost.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Ann Reichert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Ackerman

(Address) 35 N. Patterson Pk. Ave.

Filed 8/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Aug — 18 1906

that I last saw her alive on " 16 1906 ",

and that death occurred, on the date stated above, at 6 — a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Abdominalis

6 mos. (DURATION) DAYS

Contributory (~~Primary~~.) Exhaustion

(DURATION) DAYS

(Signed) Jno B Kramer M.D.

Address 1713 Bank

Date Aug 19 — 1906

Place of Burial Holy Redeemer Cem.

Date Aug. 20th 1906

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

92883

Ward 9

92883 Registered No. B 47

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~House~~ 1621 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Astwood

{Residence, if in Baltimore, Give Street and Number.} 1621 E. Preston st.

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 8 1854

AGE 52 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Bermuda

FULL NAME OF FATHER Edw Hunscumb

BIRTHPLACE OF FATHER (State or country) Bermuda

MAIDEN NAME OF MOTHER Catherine Lowers

BIRTHPLACE OF MOTHER (State or country) Bermuda

OCCUPATION OF DECEASED Home keeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Seyburn Astwood

(Address) 1621 E. Preston st.

Filed 8/19 1906 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 — 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Aug. 18 — 1906

that I last saw h.r alive on " " 1906

and that death occurred, on the date stated above, at 4-20 ~~A~~ P.M. CAUSE OF DEATH (Secondary or Immediate.)

Double pneumonia

28 hours (DURATION) ~~3~~ DAYS

Con'tributory (Primary.) Rheumatism

(DURATION) 2 1/3 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date August 18 — 1906

Place of Burial Mount Carmel

Date Aug 20th 1906

Undertaker Lutz

Address 1007 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92884

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92884

Registered No. B

City of Baltimore, (No. 419 W. 26th Street St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Ambrose Beck

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: August 5 1880 (Month) (Day) (Year)

AGE: 26 years, 0 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Frederick Beck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rebecca Shipley

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED: nickle-plating

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie A. Beck

(Address) 419 W. 26th St.

Filed 8/19 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1906 to Aug 17 1906

that I last saw him alive on Aug 17 1906,

and that death occurred, on the date stated above, at 9.45 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 365 DAYS

Contributory Asthenia, following pulmonary hemorrhages (DURATION) 6 DAYS

(Signed) F B Warden M. D.

Aug 18th 1906 (Address) 2910 Huntingdon Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 20th 1906
UNDERTAKER	ADDRESS
A F Pulbin	Pimlico

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92885 — Registered No. B 92885

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Jacob Bochniak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name 830 S Bond St

{ Residence, if in Baltimore, Give Street and Number. } 830 S Bond St —

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Bochniak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Rose Ruk.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Bochniak.

(Address) 830 S. Bond St

Filed 8/19 1906 — MARY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to — Aug 18 1906

that I last saw him alive on Aug 15 1906,

and that death occurred, on the date stated above, at 12.5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

Symptoms (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. W. Barnes M.D.

Address 1713 Bank

Date Aug 18 — 1906

Place of Burial St Stanislaus

Date Monday Aug 20 1906

Undertaker M. F. Sachowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

92886

Registered No. B 92886

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 2534 McCollough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tania Sacks

{ Residence, if in Baltimore, Give Street and Number. } 2534 McCollough St.

Duration of Residence in Baltimore. Sixteen Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1842

AGE: 64 years, —— months, —— days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Wolfe Tworowsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca Soudamersky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Sacks

(Address) 833 Madison Ave

Filed 8/19 1906

HARRY O'D. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Saturday Aug 18th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1906 to Aug 18th 1906

that I last saw h-r alive on Aug 18th 1906,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion -

Gradual (DURATION) DAYS

Contributory (Primary). Epithelioma

of Throat (DURATION) 3 years DAYS

(Signed) E Berlah M.D.

Address 607 N. Charles St

Date Aug 18th 1906

Place of Burial Rosedale Shula Road

Date Aug 19 1906 190

Undertaker J. Shriver Co

Address 754 N Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 9288

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. C. Hawkins

{ Residence, if in Baltimore, Give Street and Number. } Etichaun Md

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 6th 1863

AGE: 43 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Laytonsville Md

FULL NAME OF FATHER: Thomas F. Hawkins

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Sarah Claggett

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Higgins

(Address) Laytonsville Md

Filed Aug 19 1906

HARRY G. ANDERSON PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from 8/17 1906 to 8/18 1906

that I last saw h.. alive on 8/18 1906,

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia Coma

(DURATION) 1 DAYS

Contributory (Primary.) Interstitial Nephritis.

(DURATION) DAYS

(Signed) Chas Bagley M.D.

Address Hebrew Hospital

Date August 18. 1906

Place of Burial Laytonsville Md.

Date Aug 19th 1906

Undertaker Geo. Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92888

Good Samaritan Hospital

City of Baltimore, (No. 1233 Paca Street St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Minnie L. Ryon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 9 (Day) 1880 (Year)

AGE: 25 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Wm G. Milam

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Martha Minton

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Ryon

(Address) 1233 Paca Street

Filed Aug 20th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 19 1906

that I last saw h[illegible] alive on Aug 18 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

General Peritonitis

(DURATION) 2 DAYS

Contributory Ruptured Pyosalpinx (DURATION) 6 DAYS

(Signed) J. H. Gresham M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Keensburg Carter Co Tenn.

DATE OF BURIAL: 190

UNDERTAKER: Armstrong Demby Co.

ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B 92889

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 East Francis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Patton

{ Residence, if in Baltimore, Give Street and Number. } 1116 East Francis St.

SEE FOLLOWING DOCUMENT

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married, Separated, not divorced

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas H. Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Stone

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. S. Stone

(Address) Pomona Md

Filed Aug 20 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Blood Poisoning following an abortion. (An inquest by Dr. Kirk, a verdict of Coroners Jury) (DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Lay. av. (Coroner)

Date Aug. 19th 1906

Place of Burial Georgetown Md

Date August 20th 1906

Undertaker John E Howgle Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92889

City of Baltimore, (No. 1116, Frankrin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Patton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1872 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos H Newton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Scout

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Scouse

(Address) Towsontown Md

Filed 8/17/06

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 16 1906

that I last saw her alive on Aug 15 1906,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Peritonitis (Idiopathic)

(DURATION) 12 DAYS

Contributory Gastric Irritation

(DURATION) ..... DAYS

(Signed) J. W. C. Dulany M. D.

Aug 16 1906 (Address) 937 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem Georgetown Md

DATE OF BURIAL: Aug 18 1906

UNDERTAKER: J. Paul E. Stough

ADDRESS: 420 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 92890 — Registered No. B 92890

63

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Ballantine

{ Residence, if in Baltimore, Give Street and Number. } 249 Lombard Street Highlandtown

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 9 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Ballantine

(Address) 249 Lombard st E[illegible]

Filed 8/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from August 8 1906 to August 19 1906 that I last saw her alive on August 19 1906, and that death occurred, on the date stated above, at 5.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

Acute endocarditis

Acute Myelitis of left leg

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McC. Burlingame M.D.

Address Johns Hopkins Hospital

Date August 19 — 1906

Place of Burial Balto. Cemetery

Date Aug. 22nd 1906

Undertaker Wm. J. Foy

Address [illegible] E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 92891 — Registered No. B 92891

164

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reginald Allen

{Residence, if in Baltimore, Give Street and Number.} Not a resident

Duration of Residence in Baltimore. = 1 day in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: February 28 1891

AGE: 15 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Nova Scotia

FULL NAME OF FATHER: Howard B. Allen

BIRTHPLACE OF FATHER (State or country): Massachusetts

MAIDEN NAME OF MOTHER: Ella J Hughes

BIRTHPLACE OF MOTHER (State or country): Nova Scotia

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H A Stansfield

(Address) U.S. Marine Hospital

Filed 8/20 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18 1906

I HEREBY CERTIFY, That I attended deceased from August 7 1906 to August 18 1906 that I last saw him alive on August 18 1906, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Surgical shock following operation for compound comminuted fracture of skull (DURATION) 4 DAYS

Contributory (Primary.) Accidental at sea (DURATION) DAYS

(Signed) H. A. Stansfield Passed Assistant Surgeon, U.S.N.

Address U.S. Marine Hospital

Date August 18 1906

Place of Burial Oak Lawn Cemetery

Date AUG 20 1906 190

Undertaker Orr & Fox

Address 221 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 92892 — Registered No. B 92892

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 North Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Matilda F. Elliott

{Residence, if in Baltimore, Give Street and Number.} 1018 North Bond st

Duration of Residence in Baltimore. 55

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 9 1828

AGE 78 years, 11 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wm Aikworth

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Duncan

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Bornemann

(Address) 1018 N. Bond st

Filed 8/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 18 1906 that I last saw her alive on Aug 18 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate) Chronic Bronchitis and General Debility.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo Deming M.D.

Address 1735 E Baltimore

Date Aug 20 1906

Place of Burial Baltimore Cemetery

Date Aug 21 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92893

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92893

Registered No. B

City of Baltimore, (No. 1604 Riggs av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Agnes Frisch

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ... 1 ... (Month) (Day) Year)

AGE: 11 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry Frisch

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Agnes Gill.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Frisch

(Address) 1604 Riggs ad.

Filed 8/20 1906 HARRY U. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Aug. 18 1906 that I last saw h.. alive on Aug 18 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Endocarditis

Three (DURATION) DAYS

Contributory Heart failure with Syncope

one (DURATION) DAYS

(Signed) Dr. Robinson M. D.

Aug 19 1906 (Address) 26 E Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: Aug 21 1906.

UNDERTAKER: Wm Cook. — ADDRESS: 30 & E North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92894

79

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92894

City of Baltimore, (No. 1805 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Olivia Cadwallader

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Felix Cauley

BIRTHPLACE OF FATHER (State or country): V Balto

MAIDEN NAME OF MOTHER: Marie Shaw

BIRTHPLACE OF MOTHER (State or country): V Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abel G. Cadwallader

(Address) 1805 W Saratoga

Filed 8/20 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1904 to Aug. 18 1906 that I last saw h[er] alive on Aug. 18 1906, and that death occurred, on the date stated above, at 1045 a. m. The CAUSE OF DEATH was as follows:

Organic Heart disease

(DURATION) 2 y DAYS

Contributory Ch. Bronchitis

(DURATION) 1 y DAYS

(Signed) L. R. Palmer M. D.

Aug. 18 1906 (Address) 1021 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Park

DATE OF BURIAL: Aug 20 1906

UNDERTAKER: Wm Cook

ADDRESS: 907 E North Av

WM. J. C. DULANY CO., BALTIMORE

Ward 15 — 92895 — Registered No. B 92895

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elijah Johnson

{Residence, if in Baltimore, Give Street and Number.} 2015 N. McKean Ave.

Duration of Residence in Baltimore. 28 yrs

B. 92895

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Matthew Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Moore

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Car conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Johnson

(Address) 2015 N. McKean St

Filed 8/20 1906 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1906 to Aug 18, 1906

that I last saw him alive on Aug 18, 1906,

and that death occurred, on the date stated above, at 2-00 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

Thrombosis (DURATION) 5 DAYS

Contributory (Primary.) Cardiac Failure (DURATION) 3 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Aug 18 1906

Place of Burial Loudon Park

Date Aug. 20 1906.

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

92896

Registered No. B 92896

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Carr Hamilton

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 10th 1906

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): (?)

FULL NAME OF FATHER: (?)

BIRTHPLACE OF FATHER (State or country): (?)

MAIDEN NAME OF MOTHER: (?)

BIRTHPLACE OF MOTHER (State or country): (?)

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. S. Gorsuch

(Address) 501 E. 22nd St

Filed 8/20 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 18 1906 that I last saw him alive on Aug 18 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 8 DAYS

Contributory (Primary.) Insanitation (DURATION) 8 DAYS

(Signed) D. S. Gorsuch M.D.

Address 501 E. 22nd St.

Date Aug 19 1906

Place of Burial Cathedral Cem

Date Aug 20 1906

Undertaker M. Fahey and Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 92897 Registered No. B 92897.

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Walcrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Curry

{Residence, if in Baltimore, Give Street and Number.} 912 Walcrest St

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thos. Curry

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Curry

(Address) 912 Walcrest St

Filed 8/20 1906 HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 17th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Unknown (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm. Baetjer M.D.

Address 700 Laf. ave. (Corner)

Date Aug. 17th 1906

Place of Burial Pt Auburn Cemetery

Date August 20 1906

Undertaker G. H. Stooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7

92898

Registered No. B 92898

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 N. Lee St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Janey

{ Residence, if in Baltimore, Give Street and Number. } 15 N. Lee St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Collard
DATE OF BIRTH: 1	
AGE: 67 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Mary E Jones	
BIRTHPLACE OF MOTHER (State or country): Balt	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Williams Jones

(Address) 15 W Lee st

Filed 8/20 1906

BARRY O. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 19 1906

that I last saw h.. alive on Aug 18 1906,

and that death occurred, on the date stated above, at 4:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Edward Smith M.D.

Address 328 Hanover St

Date Aug 19 1906

Place of Burial Mt Auburn Cemetery

Date August 21 1906

Undertaker Geo H Hooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 92899 Registered No. B 92899 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 Stockholm St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Graham

{ Residence, if in Baltimore, Give Street and Number. } 832 Stockholm St.

Duration of Residence in Baltimore. 5 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 11 1906

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 832 Stockholm St.,

FULL NAME OF FATHER James Graham

BIRTHPLACE OF FATHER (State or country) Pennsylvania,

MAIDEN NAME OF MOTHER Jennie Beale,

BIRTHPLACE OF MOTHER (State or country) Maryland,

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Graham

(Address) 832 Stockholm St.

Filed 8/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 13 1906 that I last saw h[illegible] alive on Aug 13 1906 and that death occurred, on the date stated above, at 1 30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion, (DURATION) DAYS

(Signed) Jas. M. DeLiretto M.D.

Address 621 Columbia Ave

Date Aug 19 1906

Place of Burial Mt Auburn cemetery

Date August 20 1906

Undertaker H H Hooper

Address 609 Little Pacast

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 92900

92900

Ward 6 V

Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ Bay View Asylum ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Shaw

{Residence, if in Baltimore, Give Street and Number.} 116 N Milton Ave

Duration of Residence in Baltimore. 44 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ——— 1

AGE 44 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19. 1906

I HEREBY CERTIFY, That I attended deceased from June 22. 1906 to August 19th 1906

that I last saw him alive on Aug. 19. 1906

and that death occurred, on the date stated above, at 6.32 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture of Aortic Aneurism

Sudden (DURATION) ~~DAYS~~

Contributory (Primary.) Arteriosclerosis (DURATION) Unk ~~DAYS~~

(Signed) J. M. Owens M.D.

Address Bay View Asylum.

Date August 20. 1906

Place of Burial Baltimore Cemy

Date August 21 1906

Undertaker John A Vaughn

Address 123 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92901

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92901

Registered No. B.....

City of Baltimore, (No. 414 E. twenty second St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goldie A. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 24 (Month) (Day) 1868 (Year)

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Nathaniel Natto.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Logsdon

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Natto

(Address) 414 E. 22nd St

Filed 8/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20th 1906 to Aug. 18th 1906 that I last saw h[er] alive on Aug. 18 1906, and that death occurred, on the date stated above, at 4 30 P.M. The CAUSE OF DEATH was as follows:

Diabetes with Enlargement heart.

2 years a year (DURATION) ..... DAYS

Contributory Neurasthenia intense

3 8 months (DURATION) ..... DAYS

(Signed) H. J. Stickler Jr. M. D.

Aug 19 1906 (Address) 811 Vermont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Md. DATE OF BURIAL Aug 21 1906

UNDERTAKER E. J. Weidefeld & Brenner ADDRESS 216

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92902
112

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92902

City of Baltimore, (No. 2118 McCulloh St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Goldsmith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 65 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Liverpman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A Goldsmith

(Address) 2118 McCulloh W

Filed 8/20 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 18 1906

that I last saw h wife alive on Aug 18 1906

and that death occurred, on the date stated above, at 9.45 P. M. The CAUSE OF DEATH was as follows:

Apoplexy with hemiplegia on Rt side
Complete

13 hrs (DURATION) DAYS

Contributory Cirrhosis, nephritis etc (DURATION) DAYS

(Signed) L. K. Hirshberg M. D.

Aug 19 1906 (Address) 1937 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Fells Pt Hebrew — DATE OF BURIAL: Aug 20 1906

UNDERTAKER: Hamburger Sondheim — ADDRESS: 923 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92903

City of Baltimore, (No. 725 Jefferson St (Navalley); 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cathrina Cecelia Onion

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 31st (Day) 1903 (Year)

AGE: 3 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: James H. B. Onion

BIRTHPLACE OF FATHER (State or country): Balto Co. Md.

MAIDEN NAME OF MOTHER: Julia A. Wehrmann

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. B. Onion

(Address) 725 Jefferson St.

Filed 8/20 1906

HARRY O'F ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 19th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1906 to Aug. 19 1906 that I last saw h alive on Aug 19 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Spinal Meningitis

9 days (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. J. Stricker Jr. M. D.

Aug 19 1906 (Address) 811 Gorsuch Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: 8-21 1906

UNDERTAKER: Robb Brookstein | ADDRESS: 175 Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92904

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92904

Registered No. B.....

City of Baltimore, (No. 796 Fredk ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Otto Paul Heyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January (Month) 22 (Day) 1893 (Year)

AGE: 13 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Otto Heyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliza: Stiehle

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Heyer

(Address) 796 Fredk ave

Filed 8/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 17 1906

that I last saw h... alive on Aug 17 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Poisoning by insect sting

(DURATION) 2 DAYS

Contributory Congestion Chill + Infarction (DURATION) 1 DAYS

(Signed) Fyns Tur Dill M. D.

Aug 18 1906 (Address) ~~1326 W. Lombard~~ 1443

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem:

DATE OF BURIAL: Aug 20 1906

UNDERTAKER: C. W. Dill

ADDRESS: 810 Fredk ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

92905

Registered No. B 92905

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Schedrick

{ Residence, if in Baltimore, Give Street and Number. } 1730 Thames St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 23 1881

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Schedrick

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Smith

(Address) 1730 Thames

Filed 8/20 1906 HARRY G. ANDREWS, PENNIT CLERK.

Mrs L Smith Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1906

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Aug. 18 1906 that I last saw her alive on Aug. 18 1906, and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Sorsey M.D.

Address City Hospital

Date August 18 1906

Place of Burial Baltimore County

Date Aug 20 1906

Undertaker Robt J Stanton

Address Bray Edwin

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92906

City of Baltimore, (No. 28 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eugene J. McNally

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept — (Month) (Day) 1897 (Year)

AGE: 8 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John P. McNally

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Nugent

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. McNally

(Address) 28 N. Fulton Ave

Filed 8/20 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to August 18 1906

that I last saw him alive on Aug. 18th 1906,

and that death occurred, on the date stated above, at 12 — M. The CAUSE OF DEATH was as follows:

Chronic bright's, Pulmonary Oedema, Mitral insufficiency

(DURATION) DAYS

Contributory Commission

few minutes (DURATION) DAYS

(Signed) Wm. Kirkbride M. D.

Aug 18th 1906 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 20 1906

UNDERTAKER: Crowley Frost — ADDRESS: 1500 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92907

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92907

City of Baltimore, (No. 818 N Fayette St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Helen A. Kendall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 29th 1874 (Month) (Day) (Year)

AGE: 32 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Queen Anns Co. Md

FULL NAME OF FATHER: Joseph J Kendall

BIRTHPLACE OF FATHER (State or country): Cecil Co. Md

MAIDEN NAME OF MOTHER: Sarah E Knotts

BIRTHPLACE OF MOTHER (State or country): Balto. city Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph J Kendall

(Address) 923 N. Carey St

Filed Aug 21 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1904 to Aug 18 1906

that I last saw her alive on Aug 18 1906,

and that death occurred, on the date stated above, at 5.50 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of Rectum

2 yrs + 2 mos (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Benj F. Pleasants M. D.

Aug 19 1906 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Aug 21st 1906

UNDERTAKER: Geo J Smith & Co

ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 and Fulton Franklin sts

92908 Registered No. B 92908

CERTIFICATE OF DEATH.

(Place of Death.) No. Home of Aged of the M. E. Church St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margeret F. Knight.

{ Residence, if in Baltimore, Give Street and Number. } Methodist Home.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Mathews Co Va

FULL NAME OF FATHER Henry Knight

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER — Knight

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Knight & Sons

(Address) 106 E Clay St

Filed 8/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from July 24 1906. to Aug 18 1906.

that I last saw h er alive on Aug 18 1906.;

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarhoea (Senile)

(DURATION) 8 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) ~~DAYS~~

(Signed) Geo A Shannon M.D.

Address 1442 Pressman St

Date Aug 19- 1906

Place of Burial Green Mt Cem -

Date Aug 18th 1906

Undertaker Geo J Smith Co

Address 1030 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92909 Registered No. B 92909

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Spilsbury

{ Residence, if in Baltimore, Give Street and Number. } Laurel Md

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH June 6 1882

AGE 24 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Clarence Spillman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Sadler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Spillman

(Address) Laurel Md

Filed 8/20 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Aug 19 1906 that I last saw h[illegible] alive on Aug 19 1906, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage.

(DURATION) 1 DAYS

Contributory (Primary.) Enteric fever

(DURATION) 28 DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date Aug 20 1906,

Place of Burial Loudon Park

Date Aug 21 1906

Undertaker W. J. Tarbury & Son

Address Calvert & Preston

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92910

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92910

City of Baltimore, (No. 151 East St, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Dennis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eli J Dennis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Tondsend

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli J Dennis

(Address) 151 East St

Filed 8/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1906 to Aug 17th 1906

that I last saw h.. alive on Aug 16th 1906,

and that death occurred, on the date stated above, at 5.13 a. m. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 14 DAYS

Contributory Heart Failure

(DURATION) 1 DAYS

(Signed) A. F. Rice M. D.

Aug 17th 1906 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	C. May 29 1906 C.
UNDERTAKER	ADDRESS
P. H. Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 — 92911 — Registered No. B 92911

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 118 W York St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Colored

DATE OF BIRTH July 23 1872

AGE 34 years, ____ months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George H. Wilson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie ____

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Wilson Stepmother

(Address) 927 Leadenhall St

Filed 8/20 1906

EARNEST G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw him alive on ____ 190, and that death occurred, on the date stated above, at 7.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Geo. M. Leonhardt M.D.

Address Coroner

Date August 19 1906

Place of Burial Druid Hill

Date August 21 1906

Undertaker Sam'l. C. Chase

Address 1011 W. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92912

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92912

Registered No. B 92912

City of Baltimore, (No. 661, George St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black
DATE OF BIRTH: (Month) (Day) 1880 (Year)	
AGE: 26 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Albert Johnson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary J. Johnson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Of Clerk (Packing Clothing)	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Johnson

(Address) 661 George St.

Filed 8/20 1906

HARRY O. JANEWAY
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 29 1906 to Aug 8" 1906 that I last saw h.. alive on Aug 8" 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Tuberculosis pulmonalis

3½ mos. (DURATION) ——— DAYS

Contributory "

(DURATION) ..... DAYS

(Signed) Louis P. Hamburger M. D.

Aug 20" 1906 (Address) 1210 Eutaw Pla

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Aug 21 1906
UNDERTAKER: Saml. W. Chase	ADDRESS: 1011 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — 92913 — Registered No. B 92913

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Meyer

{Residence, if in Baltimore, Give Street and Number.} 1720 William St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: January 28 1906

AGE: — years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Meyer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maggie Haskamp.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: William Meyer (Father)

(Address) 1720 William St

Filed 8/20 1906 — HARRY G. ARMSTRONG PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 19 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to 1906

that I last saw ~~him alive on~~ 1906,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Kaufhardt M.D.

Address Coroner.

Date August 20 1906.

Place of Burial Holy Cross U. A. Ca

Date Aug 20 1906

Undertaker Jos. Steinbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92914

City of Baltimore, (No. 2036, Light St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert T. Crowley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 20 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 31 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Albert M Crowley

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mc Laughlin.

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert M Crowley

(Address) 2036 Light

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 19 1906 that I last saw h[illegible] alive on Aug 15 1906, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. J. Graham M. D.

Aug 19 1906 (Address) 1317 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Aug 21st 1906

UNDERTAKER: Jos. Stembridge — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92915

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92915

Registered No. B.....

City of Baltimore, (No. ....., Heyman St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Etowski

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. (Month) 27 (Day) 1906 (Year)

AGE: ..... years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Bernhard Etowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Raisler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Etowski

(Address) Stirson St.

Filed 8/20 1906

HARRY G. ARNOLD PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 20 July 1906 to 19 Aug 1906 that I last saw him alive on 18 Aug 1906, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Intestinal Hemorrhage
Exhaustion

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) ..... M.D.

19 Aug 1906 (Address) 122 Hull

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross A A Co

DATE OF BURIAL: Aug 21st 1906

UNDERTAKER: Jos. Stuntebeck

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 92916 Registered No. B 92916

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1835 Belt avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ellen Raftery

{Residence, if in Baltimore, Give Street and Number.} 1835 Belt avenue

Duration of Residence in Baltimore. All her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 29 1867

AGE: 39 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Michael Shirden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary agnes Inady

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Shirden

(Address) 2025 Mines ave

Filed 8/20 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 18 1906

that I last saw her alive on Aug 18 1906

and that death occurred, on the date stated above, at 1 0'clock a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

unknown (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) Wm E Stifler M.D.

Address 1409 Light St

Date August 18 1906

Place of Burial Holy Cross.

Date Aug 21 1906

Undertaker Jos. Stanton & Co

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92917

137

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92917

Registered No. B .....

City of Baltimore, (No. 678 Pierce St — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Elizabeth Helfrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept ~~3~~ 6th (Month) (Day) 1884 (Year)

AGE: 21 years, 10 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Reckert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Kaiser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Althea S Helfrich

(Address) 678 Pierce St

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1906 to Aug 18th 1906 that I last saw h-r alive on Aug 18th 1906, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Sepsis Confinement Followed by Peritonitis

I did not attend at confinement

(DURATION) 8 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) H F Hill M. D.

Aug 19 1906 (Address) 1001 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Aug 21 1906

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B 92918

92918

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm H. Sadler

{Residence, if in Baltimore, Give Street and Number.} 2430 Druid Hill Ave.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 th 1872

AGE 34 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Barney H Sadler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Dean

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Sadler

(Address) 2430 Druid Hill Ave

Filed 8/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1906 to Aug 18, 1906 that I last saw him alive on Aug 18 1906, and that death occurred, on the date stated above, at 1:00 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis

(DURATION) 9 DAYS

Contributory (Primary.) Septicaemia

(DURATION) 3 DAYS

(Signed) C C Langley M.D.

Address Md. Gen. Hospital

Date Aug 18, 1906

Place of Burial Druid Ridge Cem

Date Aug 21 1906

Undertaker Chas E Franck.

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 92919 — Registered No. B 92919

CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Carroll

{Residence, if in Baltimore, Give Street and Number.} 691 N Mulberry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/20 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16. 1906

I HEREBY CERTIFY, That I attended deceased from July 13 1906 to Aug 16 1906 that I last saw him alive on Aug 16 1906, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ileo Colitis & Malnutrition

6 weeks. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Henry Whittle M.D.

Address Mt Wilson Md.

Date Aug 18. 1906

Place of Burial COLLEGE OF P. & S.

Date Aug 18 1906

Undertaker .....

Address Health department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

225

Ward 15 — 92920 — Registered No. B 92920

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Smallwood.

{Residence, if in Baltimore, Give Street and Number.} 2022 Bruce St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug — 18 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 18 1906 that I last saw him alive on Aug 18 1906 and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulated Hernia

(DURATION) 2 DAYS

Con'tributory (Primary.) Shock

(DURATION) 6 hrs. DAYS

(Signed) M. W. Shoab. M.D.

Address Md. Homoco Hospital

Date Aug — 18 1906

JOHNS HOPKINS HOSPITAL
AUG 20 1906
Superintendent of Health

Place of Burial

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish **within eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 2 6

Ward 4 — 92921 Registered No. B 92921 — 153

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Carter

{ Residence, if in Baltimore, Give Street and Number. } Baltimore Md
Mother in service at Forest Home & Child to be found. City address not known

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 4 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to aug 4 1906 that I last saw her alive on aug 4 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

One month (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Henry Whittle M.D.

Address Mt Wilson Md.

Date aug 9. 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date 1906

Undertaker Commissioner of Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

xp

Ward 22 — 92922 — Registered No. B 92922 — 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Found floating at pier 9. Light St Wharf St

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 40 years, ? months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Don't know

BIRTHPLACE (State or country): Don't know

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Don't know

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Otto M. Reinhardt

(Address) Southern District

Filed 8/20 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found August 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date August 15. 1906

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address Health Department

JOHNS HOPKINS HOSPITAL
AUG 20 1906
Commissioner of Health

WM. J. C. DULANY CO., BALTIMORE.

City to bury. M.R. Body at the Morgue.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

92923

Registered No. B 92923

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 2001 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McMullen

{ Residence, if in Baltimore, Give Street and Number. } Balto. City (2001 Bank St.)

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 19th 1906
AGE	~ years, ~ months, 1/2 hour days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Willie J. McMullen
BIRTHPLACE OF FATHER (State or country)	Ire.
MAIDEN NAME OF MOTHER	Leona Woodward
BIRTHPLACE OF MOTHER (State or country)	Ire.
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie J. McMullen

(Address) 2001 Bank St

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 19 1906 to Aug. 19 1906 that I last saw h[illegible] alive on Aug. 19 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spasms

(DURATION) Last 1/2 hour

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Gatchell, M.D.

Address 1 E. Baltimore

Date Balto. Aug. 20, 1906.

Place of Burial Mount Carmel Cem.

Date Aug. 20 1906

Undertaker Germanus Thanen

Address 1 Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92924 Registered No. B 92924

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A. Goldsborough

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 8/20, 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Aug 20 1906 that I last saw h.. alive on Aug 20 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis
Rheumatism, Edema
of Lungs.

(DURATION) ..... DAYS

Contributory (Primary.) Arterio — Sclerosis (DURATION) ..... DAYS

(Signed) M. Duvall Lee M.D.

Address Bay View Asylum

Date Aug 20 1906

Place of Burial Balto Cemetery

Date Aug 22nd 1906

Undertaker Germania Trance

Address Banks & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7X

Registered No. B 92925

92925

105

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~546~~ 545 E Clement. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F Vogelsang

{Residence, if in Baltimore, Give Street and Number.} ~~546~~ 545 E Clement St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 28th 1906

AGE: ..... years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: George Vogelsang

BIRTHPLACE OF FATHER (State or country): Balto md.

MAIDEN NAME OF MOTHER: Elizabeth Lycett

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Vogelsang

(Address) 546 E Clement St

Filed 8/20 1906 ✓ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 19 1906 that I last saw him alive on Aug 19 1906, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 4 DAYS

(Signed) Geo L Duane M.D.

Address 721 N Gilmor St

Date Aug 21. 1906

Place of Burial Holy Cross ✓

Date Aug 21 190

Undertaker E. I Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

92926 Registered No. B 92926

4

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 E Pratt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Emmet O Strickley

{ Residence, if in Baltimore, Give Street and Number. } 725 E Pratt St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH — 1

AGE About 60 Years. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug 19 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hopkins M.D. Coroner

Address 208 N Eutaw St

Date Aug 19 1906

Place of Burial National

Date August 22 1906

Undertaker John E Hough & Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92927

City of Baltimore, (No. 1544 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. F. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. (Month) 19 (Day) 1906 (Year)
AGE	67 years, 5 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary Anne King
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Miller

(Address) 1544 N. Carey St.

Filed 8/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 19th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Aug. 19 1906 that I last saw h[illegible] alive on Aug. 19 1906, and that death occurred, on the date stated above, at 9:30 A. M. The CAUSE OF DEATH was as follows:

Nephritis (Bright's Dis)

2 yrs. (DURATION) DAYS

Contributory Congestion of Lungs

(DURATION) 6 DAYS

(Signed) E. A. Smith M. D.

Aug. 19 1906 (Address) 1605 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park.	8/22 1906
UNDERTAKER	ADDRESS
John E. Howgle Co	1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 92928 — Registered No. B 92928

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Golekowski

{Residence, if in Baltimore, Give Street and Number.} # 1614 Alice Anna St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Golekowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Lillis Jagiella

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Golekowski

(Address) 1614 Alice Anna St

Filed ..... 190.....

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug. 20 1906 that I last saw her alive on Aug 18 1906, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) John H. Rohlberger M.D.

Address # 1709 Alice Anna St

Date Aug. 20th 1906.

Place of Burial Holy Rosary

Date Tuesday Aug 21 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — 92929 — Registered No. B 92929

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2635 Francis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Gbeagle

{Residence, if in Baltimore, Give Street and Number.} 2635 Francis st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: May 21 1856

AGE: 50 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Smith

(Address) 2639 Francis st

Filed 8/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from February 1 1906 to Death Aug 19/06 1906

that I last saw her alive on August 1906

and that death occurred, on the date stated above, at 2.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

Tuberculosis of Lungs

6 Month (DURATION) 19 DAYS

Contributory (Primary.) —

Tuberculosis (DURATION) 19 DAYS

(Signed) Geo. W. Toms M.D.

Address 703 N. Carey St

Date August 20 1906

Place of Burial Druid Ridge Vault

Date August 21 1906

Undertaker Jos Sverdens. Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92930 Registered No. B 92930

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Coakley.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Age 10 1861

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Thos Coakley

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Johanna Burke

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A League

(Address) 4037 N. Milton Ave

Filed 8/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 — 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Aug 19 1906 that I last saw h— alive on Aug 19 1906, and that death occurred, on the date stated above, at 1 20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis. Alcoholism

..... (DURATION) ..... DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ..... DAYS

(Signed) Wm Dennis Lee M.D.

Address Bay View Asylum

Date Aug 19 — 1906

Place of Burial Holy Cross

Date Aug 21 1906

Undertaker Robt J Turner

Address Bray & Edelen

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 | 92931 | Registered No. B 92931

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 N. Lexington St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Alex. T Brown

{ Residence, if in Baltimore, Give Street and Number. } 1101 N. Lexington St

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Brown

(Address 1101 N Lexington St

Filed 8/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 18 1906

that I last saw h in alive on Aug 18 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Cardiac Dilatation

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary

Oedema (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1327 Fayette St

Date Aug 21 1906

Place of Burial National

Date Aug 21 1906

Undertaker Jno H. Toadvine

Address 206 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 92932

92932

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 10 Andrew ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mable Norris

{Residence, if in Baltimore, Give Street and Number.} 10 Andrew ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1

AGE 15 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter J W Norris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Ringold

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter J W Ringold

(Address) 10 Andrew Ave

Filed 8/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-19-1906

I HEREBY CERTIFY, That I attended deceased from 7-20 1906 to 8-19 1906 that I last saw her alive on 8-19- 1906, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Hemorrhage of Lungs

(DURATION) 31 DAYS

Contributory (Primary) Hemorrhage of Lungs (DURATION) 31 DAYS

(Signed) J R Gilchrist M.D.

Address 705 Ensor st

Date 1906

Place of Burial Laurel

Date Aug 21 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92933 Registered No. B 92933

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 419 E. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Stutterfield

{Residence, if in Baltimore, Give Street and Number.} Balto. 419 E. Chester St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 23 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Garrett Stutterfield

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garrett Stutterfield

(Address) 409 S Chester St

Filed 8/21 1906

HARRY C. AHRENS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1906 to Aug 22 1906 that I last saw h[illegible] alive on Aug 22, 1906, and that death occurred, on the date stated above, at [illegible]

II. CAUSE OF DEATH (Secondary or Immediate)

Atrophia Infantum

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Spatola M.D.

Address [illegible]

Date Aug 24 1906

Place of Burial Baltimore Cemetery

Date Aug 24 1906

Undertaker Wendell Dippel & Son

Address 3302 Bond Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92934

City of Baltimore, (No. 114 S. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel H. Storch

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Oct 18 1905
AGE	..... years, 10 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Emil Storch
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	German
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Storch

(Address) 114 S Bond St

Filed 8/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Birth 190 to Aug 20 1906 that I last saw h[er] alive on Aug 19 1906, and that death occurred, on the date stated above, at 3.45 A. M. The CAUSE OF DEATH was as follows:

Marasmus

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Alvesta Thorpe M. D.

8-20-1906 (Address) 25 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Swartz Cemetery	Aug 21 1906
UNDERTAKER	ADDRESS
Wendell Dippel	S. 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92935

Registered No. B

City of Baltimore, (No. 116 S Bond St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan Zack

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 29 (Day) 1906 (Year)

AGE: ____ years, ____ months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Solomon Zack

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Rappaport

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A A Broadrick MD

(Address) 32 E. B'way

Filed 8/21 1906

HARRY C. AMBROSE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Aug 20 1906

that I last saw h[illegible] alive on Aug 20 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 22 DAYS

Contributory Pneumonia

(DURATION) ____ DAYS

(Signed) A A Broadrick, M. D.

Aug 20 1906 (Address) 32 E. B'way

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? / Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Bel Roas Dale	Aug 21, 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lancast

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 92936 — Registered No. B 92936

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Regester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosetta Williams

{ Residence, if in Baltimore, Give Street and Number. } 415 N. Regester St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 2 February 1906

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Davy Williams

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Josephine Brown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Wolman

(Address) 127 N. B'way

Filed 8/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1906 to Aug. 19 1906 that I last saw h... alive on Aug. 17 1906, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Samuel Ansbery M.D.

Address Johns Hopkins Hosp - Dispensary

Date August 19 1906

Place of Burial Lamb's

Date Aug 21 St 1906

Undertaker Wm J. Jackson

Address 1421 Mendenhall St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92937. Registered No. B 92937.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Stez.

{Residence, if in Baltimore, Give Street and Number.} 2916. O'Donnell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: August 26 1892

AGE: 13 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Stez

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Duzor

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stez (father)

(Address) 2916 O'Donnell St

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental fall.

Fracture of Skull

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date August 20 1906

Place of Burial Holy Rosary

Date Wed Aug 22 1906

Undertaker M. F. Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Will remove to #3035 E Chase St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

92938

Registered No. B 92938

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 Wilcox St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Doering

{Residence, if in Baltimore, Give Street and Number.} 1125 Wilcox St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 29th 1860
AGE	45 years, 10 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Conrad Doering
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Leibold
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Doering

(Address) 1125 Wilcox St.

Filed 8/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19th 1906

I HEREBY CERTIFY, That I attended deceased from .....1906.....to.....1906.....

that I last saw h.....alive on.....1906.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Av. (Corner)

Date Aug. 19th 1906

Place of Burial Baltimore Cemetery

Date Aug 21 st 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 92939 — Registered No. B 92939

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary T. Grogan

{Residence, if in Baltimore, Give Street and Number.} 835 Harford Ave.

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Michael Jennings

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margaret Casey

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Grogan

(Address) 835 Harford Ave.

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20. 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 15. 1906 to Aug. 20. 1906

that I last saw h[illegible] alive on Aug. 19 1906,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) 24 hours

Contributory (Primary.) Diabetes Mellitus (DURATION) 3 or 4 years DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Aug. 21. 1906

Place of Burial New Cathedral Cemetery

Date Aug. 23rd. 1906

Undertaker Henry Hoecker & Son

Address 1341 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 92940 — Registered No. B 92940

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CERTIFICATE OF DEATH.

(Place of Death.) No. 318 W. Biddle St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John A. Dixon

{Residence, if in Baltimore, Give Street and Number.} 318 E. Biddle St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH July 19th 1846

AGE 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Dixon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Alford

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Superintendant Board Works

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. M. Beamer

(Address)

Filed 8/21/06 — HARRY G. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 27th 1906 to Aug 20th 1906

that I last saw him alive on Aug 19th 1906,

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) Four DAYS

Contributory (Primary.) Nephritis Cirrhosis

(DURATION) 23 DAYS

(Signed) [illegible] M.D.

Address 304 N. Charles St

Date Aug 20th 1906

Place of Burial Greenmount Cem

Date Aug 23rd 1906

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 92941 — Registered No. B 92941

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Archibald Carr

{Residence, if in Baltimore, Give Street and Number.} Steam Ship Durart

Duration of Residence in Baltimore. —

B 92941

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Self.

(Address)

Filed 8/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 19 1906 to Aug 19 1906 that I last saw h~~im~~ alive on Aug 19 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure —

(DURATION) DAYS

Contributory (Primary) Heat Stroke

Alcoholism (DURATION) 1 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug. 20 1906

Place of Burial St Peters

Date Aug 21 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92942

Mercy Maternity Hospital

City of Baltimore, (No. Franklin & Schroeder St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Williams.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 14 1904 (Month) (Day) (Year)
AGE	2 years, 4 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	~
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Williams
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M Stone.

(Address) N. & C. Hospital.

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug — 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1906 to Aug 19 1906 that I last saw h-r alive on Aug 19 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Marantic sinus thrombosis

(DURATION) Life DAYS

Contributory Exhaustion.

(DURATION) DAYS

(Signed) W. Edw. Magruder M. D.

1906 (Address) 922 Druid Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 21 1906
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Bel

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

of the person

Ward ..... 92943 Registered No. B 92943

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William R. Hodges

{Residence, if in Baltimore, Give Street and Number.} Hotel Stafford, Balt. Md.

Duration of Residence in Baltimore. 5 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	22 July 1856
AGE	50 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	U. S Baltimore Md
FULL NAME OF FATHER	James Hodges
BIRTHPLACE OF FATHER (State or country)	U. S Kent Co Maryland
MAIDEN NAME OF MOTHER	Josephine Bosh.
BIRTHPLACE OF MOTHER (State or country)	U. S Baltimore Md
OCCUPATION OF DECEASED	Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. V. Teackle

(Address) Govans Md.

Filed 8/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1906 to Aug 20 1906 that I last saw him alive on Aug 20 1906, and that death occurred, on the date stated above, at 1-40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

2 years (DURATION) ..... DAYS

Contributory (Primary.) Anaemia

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date Aug 20 1906

Place of Burial Greenmount

Date August 22nd 1906

Undertaker H. O. Jenkins & Son Co.

Address 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92947

Registered No. B

City of Baltimore, (No. 2404 Druid Hill Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William N. Short

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Not Known (Month) 1 (Day) (Year)

AGE: 18 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Cecil Co Md

FULL NAME OF FATHER: Jeremiah Short

BIRTHPLACE OF FATHER (State or country): Cecil Co Md

MAIDEN NAME OF MOTHER: Martha Aldrich

BIRTHPLACE OF MOTHER (State or country): Cecil Co. Md

OCCUPATION OF DECEASED: Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. J. Connolly

(Address) 2404 Druid Hill Ave

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 20 1906 that I last saw him alive on Aug 19 1906, and that death occurred, on the date stated above, at 4:00 A. M. The CAUSE OF DEATH was as follows:

Paralysis.

(DURATION) 7 DAYS

Contributory

(DURATION) 7 DAYS

(Signed) H. Edmund Smith M. D.

Aug 20 1906 (Address) 525 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Aug 22 1906

UNDERTAKER: John J. Fahey

ADDRESS: 1232 Hilliard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92945

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92945

Registered No. B

City of Baltimore, (No. 1640, E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of Street and number.]

FULL NAME Abraham Berkowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Berkowitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa carter

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip carter

(Address) 102 S. Exeter st

Filed 8/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19th 1906 to Aug 21st 1906

that I last saw him alive on Aug 21st 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Pleuritis

(DURATION) 8 DAYS

Contributory Congestion lungs

(DURATION) 1 DAYS

(Signed) A. F. Laird M.D.

Aug 22 1906 (Address) 2003 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Bal Hebrew

DATE OF BURIAL: Aug 21 1906

UNDERTAKER: Mort Levinson

ADDRESS: 1138 Forest

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 92946 Registered No. B 92946

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Randolph Hagonigal

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 5-2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Boyle

(Address) Bay View

Filed 8/21 1906 HARRY O. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 19 1906

that I last saw h. in alive on Aug 19 1906, and that death occurred, on the date stated above, at 6 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J. McPherson Lee M.D.

Address Bay View Asylum

Date Aug. 19 1906

Place of Burial JOHNS HOPKINS HOSPITAL AUG 20 1906

Date ..... 190 ....

Undertaker William H Wooden

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Ward V

Registered No. B 92947

105

92947

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 Lancaster St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William K Milker

{Residence, if in Baltimore, Give Street and Number.} Baltimore City 1810 Lancaster St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 5 1905

AGE: 1 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas Milker

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Brenner

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas K. Milker

(Address) 1810 Lancaster St

Filed 8/21 1906 HARRY O. ANEKANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21st 1906

I HEREBY CERTIFY, That I attended deceased from August 19 1906 to August 21 1906 that I last saw him alive on August 20 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary) Marasmus (DURATION) 6 DAYS

(Signed) M. J. Gately, M.D.,

Address 112 S. Broadway

Date Balto City August 21 1906.

Place of Burial 1st German Cem

Date Aug 21st 1906

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 92948 — Registered No. B 92948

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J Hannon

{Residence, if in Baltimore, Give Street and Number.} 1911 W Lombard St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: May 23d 1888

AGE: 18 years, 2 months, 29 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas L Hannon

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary L Campbell

BIRTHPLACE OF MOTHER (State or country): Pennsylvania Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L Hannon

(Address) 1911 W Lombard St

Filed 8/21 1906 — HARRY O. ASPERS, PUBLIC CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1906 to August 19 1906

that I last saw him alive on Aug 19 1906

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

(DURATION) 3 hrs DAYS

Con'tributory (Primary.) Typhoid Fever (DURATION) 13 DAYS

(Signed) J Mahoney M.D.

Address 1315 Hollins St

Date Aug 20. 1906

Place of Burial St Peters

Date Aug 22nd 1906

Undertaker John J Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

Dr C Neal

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, Baltimore

92949 92949

Ward 7 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 Iseland St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Cannon

{Residence, if in Baltimore, Give Street and Number.} 709 Iseland

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Trobbe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christine Hartman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P Lowther

(Address) 709 Iseland St

Filed 8/21. 1906 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 18 1906 that I last saw h alive on Aug 18 1906 and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Brights disease

(DURATION) 19 DAYS

Con'ributory (Primary.) Convulsions

3 hours (DURATION) DAYS

(Signed) J E Lowman M.D.

Address 845 Columbia ave

Date Aug 20 1906

Place of Burial Western Cemetery

Date Aug 21st 1906

Undertaker John J Cowan

Address 911 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92950

City of Baltimore, (No. 1406 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Joseph M. Nugent

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	Sept. (Month) 25 (Day) 1906 (Year)
AGE	10 years, 25 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Jas. G. Nugent
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Gosewisch
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Nugent

(Address) 1406 Mosher St.

Filed 8/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 19 1906

that I last saw h[im] alive on Aug 19 1906,

and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 1½ DAYS

Contributory

(DURATION) DAYS

(Signed) M. Dreier M. D.

Aug 20 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem	Aug 21 1906
UNDERTAKER	ADDRESS
Wm J Nugent	904 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92951

Registered No. B.....

City of Baltimore, (No. 704 Lemon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip August Kammerrer

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Dec 16 1833 (Month) (Day) (Year)
AGE	72 years, 7 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Jacob Kammerrer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Kammerrer

(Address) 813 N. Mount St

Filed 8/21 1906 BARRY O'ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Aug 19 1906

that I last saw h[e] alive on Aug 18 1906;

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Infirmities of old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Ph. J. Dill M. D.

Aug 20 1906 (Address) 1433 Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Aug. 21 1906
UNDERTAKER	ADDRESS
Ph. J. Dill & Son	746 Columbia

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92952

Registered No. B.....

City of Baltimore, (No. 1116 N Milton Ave; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A Moyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 9th 1844 (Month) (Day) (Year)

AGE: 60 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Moyer

(Address) 1116 N Milton Ave

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 20 1906

that I last saw h alive on Aug 19 1906,

and that death occurred, on the date stated above, at 230 P M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Edw Schaefer M.D.

Aug 20 1906 (Address) 2252 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 22 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

92953

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92953

City of Baltimore, (No. 1217 Madison Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard W. Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: James H. Cox

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Davy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W E Norris

(Address) 1217 Madison Ave

Filed 8/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 3 1906 to Aug. 19 1906 that I last saw h-im alive on Aug 19 1906, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Pyaemia, cystitis, abscesses, and carbuncles,

(DURATION) 17 DAYS

Contributory Chronic Nephritis.

(DURATION) ..... DAYS

(Signed) John S. Richards M.D.

Aug 20 1906 (Address) 803 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Aug 21 1906

UNDERTAKER: W M Cook

ADDRESS: 526 North

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 92954 Registered No. B 92954

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Joynes

{ Residence, if in Baltimore, Give Street and Number. } 809 South Montford Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 4th 1860

AGE: 46 years, 6 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Paint Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Joynes

(Address) 809 S. Montford Ave

Filed 8/21 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1906

I HEREBY CERTIFY, That I attended deceased from August 18 1906 to August 19 1906 that I last saw her alive on August 19 1906, and that death occurred, on the date stated above, at 6.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) Thomas McCrae M.D.

Address Johns Hopkins Hospital

Date August 1906

Place of Burial Ft. Carroll.

Date Aug. 21st 1906

Undertaker HENRY RANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts and 1738-1740 Caroline Streets

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT. 92955 City of Baltimore.

Ward 6th

Registered No. B 92955

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 N. Luzerne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Kern.

{ Residence, if in Baltimore, Give Street and Number. } 32 N. Luzerne St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 13th 1856

AGE 50 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Kern

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Zuick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Kern

(Address) 32 N. Luzerne St

Filed 8/21 1906 HARRY O. ANDREWS, PERRY CREEK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17th 1906 to Aug 18th 1906 that I last saw h[illegible] alive on Aug 18th 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrages from stomach

(DURATION) two DAYS

Contributory (Primary.) Ulceration of stomach

(DURATION) DAYS

(Signed) C. F. Scudder M.D.

Address 2. S. Patterson Pl. Cor.

Date August 20th 1906

Place of Burial Mt. Carmel.

Date Aug. 21st 1906.

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Fairmount Ave. and 1708-1710 Caslon Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 92956 Registered No. B 92956

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 Stockton St So St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Raymond Cole

{Residence, if in Baltimore, Give Street and Number.} 119 So Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wilbert Cole

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Daisy Scribner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R A Elliott

(Address) 506 Rogers ave

Filed 8/21 1906

BARRY O. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from Cor Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis — Colitis

8 days (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Aug 21 1906

Place of Burial Mount Auburn Cemetery

Date Augt 22 190

Undertaker Robert A Elliott

Address 506 Rogers av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 92957

92957

112

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas Bell

{Residence, if in Baltimore, Give Street and Number.} 408 E. Eager St

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: March — 1869

AGE: 37 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas Bell

(Address) 408 E Eager St

Filed 8/21 1906

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19, 1906

I HEREBY CERTIFY, That I attended deceased from July 28, 1906 to Aug 19 1906 that I last saw h[illegible] alive on Aug 19 1906, and that death occurred, on the date stated above, at 2-00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver
and
Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Heart Failure

(DURATION) 2 DAYS

(Signed) E. C. Langley M.D.

Address Md. Gen. Hospital

Date Aug 19, 1906

Place of Burial Schwartz Cemetery

Date August 21st 1906

Undertaker Jacob Ahrens & Co

Address 954 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B 92958

92958

CERTIFICATE OF DEATH.

(Place of Death.) No. Penna R. R Track about Green Field St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles M Green

{ Residence, if in Baltimore, Give Street and Number. } 238 Rock st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Dec 4 1893

AGE: 12 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Green

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Annie Neagle

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Green

(Address) 238 Rock St

Filed 8/21 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19-06 190

I HEREBY CERTIFY, That I attended deceased from

Aug 20 1906 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Shock Multiple injuries

Ran over by train

accident Instant (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. J Martin M.D.

Coroner

Address

Date Aug 24 1906

Place of Burial Western Cem.

Date Aug. 22. 1906

Undertaker Jos. B Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 92959 — Registered No. B 92959

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2612 Bannard St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry LeRoy Johnson

{Residence, if in Baltimore, Give Street and Number.} 2612 Bannard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 6th 1906

AGE: years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John Henry Johnson

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Martha Sothfield

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Johnson

(Address) 2612 Bannard St

Filed 8/21 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 20 1906

that I last saw him alive on Aug 20 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.

Cerebrospinal (DURATION) 1 DAY

Con'tributory (Primary.) Malnutrition

(Atrophy) (DURATION) 75 DAYS

(Signed) A. B. Worrell M.D.

Address 8543 Chestnut Ave

Date Aug 21st 1906

Place of Burial St Johns Cemetery Ellicott City

Date August 22nd 1906

Undertaker Wm E. Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92960

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B92960

City of Baltimore, (No. 1615 E Monument St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Frederick Sahlmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: October 1st 1858 (Month) (Day) (Year)
AGE: 47 years, 10 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Europe
FULL NAME OF FATHER: Frederick Sahlmann
BIRTHPLACE OF FATHER (State or country): Europe
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or country): Unknown
OCCUPATION OF DECEASED: Stevadore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta Sahlmann
(Address) 1615 E Monument St

Filed 8/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19' 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5" 1906 to Aug 18" 1906 that I last saw h sin alive on Aug 18" 1906 and that death occurred, on the date stated above, at one

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) DAYS

Contributory Uremia

(DURATION) DAYS

(Signed) John [illegible] M. D.

Aug 19 1906 (Address) 307 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Hill Cemetery
DATE OF BURIAL: August 22 1906
UNDERTAKER: W. E. Chenoweth & Son
ADDRESS: 919 Druid Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92961

City of Baltimore, (No. 2106 Greenmount ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Mechan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH — — 1825
(Month) (Day) Year)

AGE 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Gillespy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Mechan

(Address) 2106 Greenmount ave

Filed 8/21 1906

HARRY O. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Aug 19 1906 that I last saw h-- alive on Aug 19 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Result of Pneumonia

4 or 5 hrs (DURATION) DAYS

Contributory Gastro enteritis

(DURATION) 3 DAYS

(Signed) James M. Fenton M. D.

Aug 20 1906 (Address) 700 Chas St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St. Vincent Cemetery

DATE OF BURIAL Aug 21 1906

UNDERTAKER Sauer & Spence

ADDRESS 118-120 W. Mt. Rd.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92962 Registered No. B 92962

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 2211 Essex St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary A Weber

{Residence, if in Baltimore, Give Street and Number.} 2211 Essex

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Weber

(Address) 2211 Essex

Filed 8/21 1906 HARRY O'ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 20 1906 that I last saw her alive on Aug 20 1906, and that death occurred, on the date stated above, at 8 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis & Cardiac Thrombosis

Ulceration of stomach

(DURATION) 2 DAYS

Contributory (Primary) —

(DURATION) 7 DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank st

Date Aug 21st 1906

Place of Burial Loudan Park

Date Aug 23 1906

Undertaker Wendell Dippel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 92963

92963

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 W. Preston Street (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maggie C. White

{ Residence, if in Baltimore, Give Street and Number. } 525 W. Preston St

Duration of Residence in Baltimore. 24 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 14th 1879

AGE 27 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maggie ——

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A White

(Address) 525 W. Preston St

Filed 8/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Aug 20th 1906 that I last saw her alive on Aug 20 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Weakness Dropsy (DURATION) 60 DAYS

Contributory (Primary.)

Pulmonary Tuberculosis (DURATION) 90 DAYS

(Signed) Edward Dallas Magruder M.D.

Address 1339 W. North Ave

Date Aug 20th 1906

Place of Burial Mt Auburn Cemetery

Date August 22 1906

Undertaker Felix B. Tyler

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 92964

92964

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 634 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George T. Wilburn

{Residence, if in Baltimore, Give Street and Number.} 634 Jasper st

Duration of Residence in Baltimore. Nine Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Wilburn

(Address) 634 Jasper Street

Filed 8/21 1906 HARRY O'. ... PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Balcomb M.D.

Address 700 Log. Av. (Corner)

Date Aug. 21st 1906

Place of Burial Laurel Cemetery

Date August 23 1906

Undertaker Felix B. Frye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B 92965

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Mary Fischer

{Residence, if in Baltimore, Give Street and Number.} 1748 S. Charles St.

Duration of Residence in Baltimore. 46 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Feb 22 1862

AGE 54 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Adam Undle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Keil

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) A. Wm. Fischer

(Address) 1748 S. Charles

Filed 8/21 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 17th 1906 to Aug. 20th 1906

that I last saw her alive on Aug. 20th 1906

and that death occurred, on the date stated above, at 6.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gall stones—

Operation- Aug. 18- 06

(DURATION) DAYS

Contributory (Primary) Hemorrhage

Following Operation (DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date August 20th 1906

Place of Burial Western Cemetery

Date Aug 22 1906

Undertaker Geo. Weber

Address 1535 W. Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

92966 Registered No. B 92966

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Waselewska

{Residence, if in Baltimore, Give Street and Number.} 808 Luzerne St.

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Marcin Koscielewski

BIRTHPLACE OF FATHER (State or country) Germany S.

MAIDEN NAME OF MOTHER Pauline Wozniak

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Boleslaw Wasilewski

(Address) 808 Luzerne St

Filed 8/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 = 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 20th 1906 that I last saw h alive on Aug 20th 1906, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler M.D.

Address 320 N Greene St

Date Aug 21 1906

Place of Burial Holy Rosary

Date Aug 22 1906

Undertaker Jacob Frankowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person **and date of death.**

HEALTH DEPARTMENT, City of

Ward 3 — 92967 — Registered No. B 92967

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julius Urbanske

{Residence, if in Baltimore, Give Street and Number.} 419 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W hite

DATE OF BIRTH Feb. 7th 1906

AGE ..... years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wladislaus Urbanski

BIRTHPLACE OF FATHER (State or country) Hermany

MAIDEN NAME OF MOTHER Elizabeth Hdrisch

BIRTHPLACE OF MOTHER (State or country) Hermany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Urbanski

(Address) 419 S. Bond.

Filed 8/21 1906 — HARRY G. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 21st 1906 that I last saw her alive on Aug. 6 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Marasmus

2 months (DURATION) DAYS

(Signed) J. L. Wimmer M.D.

Address 1735 Bank st

Date Aug 21st 1906

Place of Burial Holy Rosary

Date Aug. 22nd 1906

Undertaker Jacob Trakowsky

Address 428 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City

Ward 14

Registered No. B 92968

92968

40

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Wickham

{Residence, if in Baltimore, Give Street and Number.} Jessups, Howard Co, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 8 1848

AGE: 58 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John. Wickham

BIRTHPLACE OF FATHER (State or country): Ireland,

MAIDEN NAME OF MOTHER: Ann. Brown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Soda Water Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Wickham

(Address) 624 W. Lee st

Filed 8/24 1906

HARRY O'ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9, 1906 to Aug 21 1906 that I last saw him alive on Aug 21 1906, and that death occurred, on the date stated above, at 2:40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to Toxemia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of stomach.

(DURATION) DAYS

(Signed) Peregrine Wroath, Jr. M.D.

Address U. P. I. Baltimore Md

Date Aug 21st 1906

Place of Burial Loudon Park

Date Thurs Aug 23 1906

Undertaker Wm J. Dickenson Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, C...

Ward ..... 92969 Registered No. B 92969

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Collier

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~SEX~~ Female

COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/21 1906

HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug. 21 1906

that I last saw h— alive on Aug. 21 1906,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility. Chronic Diffused Nephritis

(DURATION) DAYS

Contributory (Primary) Carcinoma —

Sclerosis (DURATION) DAYS

(Signed) D. M. Cunningham M.D.

Address Bay View Asylum

Date Aug 21 1906

Place of Burial Baltimore Cemetery

Date Aug 23. 1906

Undertaker Geo. S. Fry

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 92970 — Registered No. B 92970

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Hermes Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Mt Wilson Md

Full Name Stephen Lynch

{Residence, if in Baltimore, Give Street and Number.} 1923 Light St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 13th 1906

AGE 6 months 26 days
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stephen N Lynch

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jessie Knapp

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J Knapp

(Address) 1923 Light St

Filed 8/22 1906

HARRY T. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20, 1906

I HEREBY CERTIFY, That I attended deceased from aug 7 1906 to aug 20 1906

that I last saw him alive on aug 20 1906,

and that death occurred, on the date stated above, at 9.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dyspeptic Diarrhoea

Malnutrition.

6 weeks (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry White M.D.

Address Mt Wilson Md.

Date aug 21. 1906

Place of Burial Cedar Hill

Date Aug 22nd 1906

Undertaker J. or. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTM

Ward 24

92971 Registered No. B 92971

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 E. Cross St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Infant of Jas F. Margaret-

Full Name ~~Baby~~ Bailey

{ Residence, if in Baltimore, Give Street and Number. } 520 E Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH	August 20 1906
AGE	..... years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	James F Bailey
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Margaret Morgan
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bailey (mother)

(Address) 520 E Cross St

Filed 8/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.20 a

11. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Mustin M.D.

Address Coroner

Date August 21 1906

Place of Burial Cedar Hill

Date Aug 22 1906

Undertaker Jos. Stansbury

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DE...

Ward 3 — 92972 — Registered No. B 92972

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary. Sliwa

{ Residence, if in Baltimore, Give Street and Number. } 708 S. Bond St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 20 1905

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Alex Sliwa

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anna Wolinska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Sliwa

(Address) 708 S Bond

Filed 8/22 1906 HARRY C. ARDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 21 1906

that I last saw h— alive on Aug 21 1906

and that death occurred, on the date stated above, at 1 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date Aug 22 1906

Place of Burial Holy Rosary

Date Aug. 22 1906

Undertaker Jacob Fialkowski

Address 928 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 9 — 92973 — Registered No. B 92973

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Harris.

{Residence, if in Baltimore, Give Street and Number.} 517 Rogers Ave

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Baltimore City

Filed 8/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 19 — 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to Aug. 19 1906 that I last saw h— alive on Aug. 19 1906, and that death occurred, on the date stated above, at 9.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary) Epilepsy

..... (DURATION) ..... DAYS

(Signed) D. M. Dunn M.D.

Address Bay View Asylum

Date Aug. 19 — 1906

Place of Burial Laurel

Date August 22 1906

Undertaker W. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SM

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEA[illegible]

Ward 15 — 92974 — Registered No. B 92974

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 East St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Thomas

{ Residence, if in Baltimore, Give Street and Number. } 526 East St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) wife Flora Thomas

(Address) 524 East St

Filed 8/22 1906 — HARRY M. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 to death 1906

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at 1 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. F. Hayden M.D.

Address 408 E Eutaw St

Date Aug 22 1906

Place of Burial Laurel

Date August 23 1906

Undertaker R. F. Ellicott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 92975 — Registered No. B 92975

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lafayette Young

{Residence, if in Baltimore, Give Street and Number.} 50 W. Biddle St. City — Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Wm Young

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lydia (Young)

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F. Boyler

(Address) Md Penitentiary

Filed 8/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1906.

I HEREBY CERTIFY, That I attended deceased from March 31 1906 to Aug 21 1906.

that I last saw h... alive on Aug 20 1906

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thurdon Ker M.D.

Address 1808 N Charles St

Date Aug 21 1906.

Place of Burial Mt Auburn Cemetery

Date Aug 23 1906

Undertaker P. R. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 92976 — Registered No. B 92976

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Stat St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Freeman

{Residence, if in Baltimore, Give Street and Number.} 421 Stat st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: C

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Mary Land

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Myers

(Address) 421 Stat St

Filed 8/22 190 6 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from mouth

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Aug 20 1906.

Place of Burial Mt Auburn

Date Aug 22 — 1906

Undertaker W F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 32377

City of Baltimore, (No. 411, Druid Hill av ~~St.~~; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Bundy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) 13 (Day) 1875 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Henry Bundy

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Catherine

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bundy

(Address) 411 N. H. Ave

Filed 8/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 19 1906 to Aug. 20 1906

that I last saw h in alive on Aug. 19 1906,

and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

Acute meningitis,

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) O. Edward Janney M. D.

8. 20 1906 (Address) 837 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: Aug 22 1906

UNDERTAKER: R. A. Hallett

ADDRESS: 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT,

92978

Ward 1 Registered No. B 92978

92978

CERTIFICATE OF DEATH.

(Place of Death.) No. THE JOHNS HOPKINS HOSPITAL St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name WARNER WILSON

{ Residence, if in Baltimore, Give Street and Number. } 705 N. DURHAM. St.

B. 92978

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX MALE | COLOR BLACK

DATE OF BIRTH —— 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE

BIRTHPLACE (State or country) MARYLAND

FULL NAME OF FATHER Warner Wilson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah Payne

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED LABORER

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Farther Warner Wilson
(Informant)

(Address) 705 N Durham

Filed 8/22 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1906

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Aug 20 1906

that I last saw h alive on Aug 20 1906,

and that death occurred, on the date stated above, at 12 05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Goldsborough M.D.

Address ~~John Hopkins Hospital~~

Date August 20 1906

Place of Burial Woodlawn

Date Aug 23d 1906

Undertaker R. F. Ellicott

Address 516 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92979

City of Baltimore, (No. 2230 Edmondale Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence Oliver Hoyter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 3 1901 (Month) (Day) (Year)

AGE: ..... years, 1 month, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Howard D Hoyter

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Maggie Young

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard D Hoyter

(Address) 2230 Edmondale Place

Filed Aug 21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 21 1906

that I last saw him alive on Aug 21 1906,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Geo D Young M. D.

Aug 21 1906 (Address) 1235 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Aug 22 1906

UNDERTAKER: Henry Lutz

ADDRESS: 1007 N Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Balt...

92980

Ward .....

Registered No. B 92980

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CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stella C. Hancock

{Residence, if in Baltimore, Give Street and Number.} 2840 Hudson St

Duration of Residence in Baltimore. 34 or 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH November 1858 ?

AGE 47 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Charles Berlingame

BIRTHPLACE OF FATHER (State or country) Philadelphia, Pa

MAIDEN NAME OF MOTHER Mathews

BIRTHPLACE OF MOTHER (State or country) Philadelphia

OCCUPATION OF DECEASED Home wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Miss Millie Hancock

Address 2840 E. Hudson St

Filed Aug 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1906 to Aug 20th 1906

that I last saw her alive on Aug 20 1906

and that death occurred, on the date stated above, at 5:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Ulcer following Operation (3 hrs after)

(DURATION) DAYS

Contributory (Primary) Gall Stones & Acute Cholecystitis

(DURATION) DAYS

(Signed) Elmer H. Watkins M.D.

Address St Joseph's Hosp.

Date Aug 20th 1906

Place of Burial Mt. Carmel.

Date AUG 22 1906

Undertaker L. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

92981

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92981

City of Baltimore, (No. 506 N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME D Willard Callis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 7 (Month) 23 (Day) 1905 (Year)

AGE: ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: Saml. M. Callis

BIRTHPLACE OF FATHER (State or country): Phila, Pa.

MAIDEN NAME OF MOTHER: Mary Watson

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. M. Callis

(Address) 506 N. Broadway

Filed Aug 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 20 1906 that I last saw him alive on Aug 20 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

R. Apex pneumonia
Consecutive

(DURATION) 18 days

Contributory ~

(DURATION) ..... DAYS

(Signed) F. S. Kirby M. D.

Aug 21 1906 (Address) 110 E Fort Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: 8-22 1906

UNDERTAKER: Johnston, Daiger | ADDRESS: 223 S. Bway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92982

City of Baltimore, (No. 919 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Doris Elizabeth Stiver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 30 (Day) 1906 (Year)

AGE: — years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Francis M. Stiver.

BIRTHPLACE OF FATHER (State or country): Baltimore - Md.

MAIDEN NAME OF MOTHER: Henritta Seibo.

BIRTHPLACE OF MOTHER (State or country): Baltimore - Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis M. Stiver

(Address) 919 Hollins St.

Filed Aug 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Aug 21 1906 that I last saw h er alive on Aug 21 1906, and that death occurred, on the date stated above, at 11³⁰ A. M. The CAUSE OF DEATH was as follows:

"Gastro-enteritis"
also suppression of urine & dysfunctioning of heart & exhaustion & edema

(DURATION) 4 DAYS

Contributory Some congenital liver trouble - (DURATION) ~~DAYS~~

(Signed) M Bowman Reed M. D.

Aug 21 1906 (Address) 628 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Aug 23 1906

UNDERTAKER: Jos B Cook | ADDRESS: 1003 E Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 92383 Registered No. B 92383

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1220 Stockholm St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Kern

{Residence, if in Baltimore, Give Street and Number.} 1220 Stockholm st.

Duration of Residence in Baltimore. Life B92382

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1860

AGE 49 years, 11 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Christian Kern

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Roder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Kern

(Address) 32 N. Luzerne St

Filed Aug 22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 20 1906 that I last saw him alive on Aug 20 1906, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(Possibly Typhoid)

(DURATION) 11 DAYS

Contributory (Primary.) Toxemia + collapse (DURATION) DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia av

Date Aug 21 1906

Place of Burial Dulaney Cem

Date Aug 22. 1906

Undertaker Jno B Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 N. Calvert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry Snowden

{ Residence, if in Baltimore, Give Street and Number. } 220 N Calvert st.

Duration of Residence in Baltimore. life B92984

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijah Martin

(Address) 225 N Calvert St

Filed

Aug 22 1906

Rec'd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 21 1906

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chron Hepatitis

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 408 N. Exeter St Coroner

Date Aug 22 1906

Place of Burial Laurel

Date Augus 23 1906

Undertaker Felix B Pye

Address 102 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 Myrtle Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Jacob Cohen

{ Residence, if in Baltimore, Give Street and Number. } 408. Myrtle Ave

Duration of Residence in Baltimore. B92985

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Boy / COLOR white	DATE OF DEATH Aug. 22 1906
DATE OF BIRTH July. 28 1904	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE 2 years, ... months, 25 days	that I last saw h ..... alive on ..... 190 .....,
SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~	and that death occurred, on the date stated above, at .....
BIRTHPLACE (State or country) City	..... M. CAUSE OF DEATH (Secondary or Immediate) Heart trouble
FULL NAME OF FATHER Abraham Cohen	
BIRTHPLACE OF FATHER (State or country) Russia	..... (DURATION) Life DAYS
MAIDEN NAME OF MOTHER Ella Strasburg	Contributory (Primary.) .....
BIRTHPLACE OF MOTHER (State or country) Russia	..... (DURATION) ..... DAYS
OCCUPATION OF DECEASED ~~-~~	(Signed) C Conrad for Dr Callenberg M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1900 E. Balto St.
(Informant) Abraham Cohen	Date Aug. 22-06 190
(Address) 408 Myrtle Ave	Place of Burial Washington Rd
Filed 8/22 190 6 HARRY O. ANDREWS, PERMIT CLERK. Registrar	Date Aug 22, 190 6
	Undertaker Mose Levinson
	Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92986

City of Baltimore, (No. 1516, E Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul D. Radcliffe

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 20th 1888 (Month) (Day) (Year)
AGE	18 years, one months, one days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Samuel W Radcliffe
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Paulina B. Dobler
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S W Radcliffe

(Address) 1516 E Preston St

Filed 8/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 23rd 1906 to August 21st 1906 that I last saw h[illegible] alive on August 21st 1906, and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of the Ovaries

(DURATION) 152 DAYS

Contributory Exhaustion

(DURATION) 5 DAYS

(Signed) Sam J Beck M. D.

Aug 21st 1906 (Address) 1516 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Matthews Cem	Aug 23 1906
UNDERTAKER	ADDRESS
Robt J Turner	Broadway

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92987

Registered No. B

City of Baltimore, (No. 516 N. Milton Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Bostick

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Sept 5 (Month) (Day) 189X (Year)

AGE: 11 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John B Bostick

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Thora Cunningham

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Bostick

(Address) 516 N Milton Ave

Filed 8/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to Aug. 21 1906

that I last saw him alive on Aug 20 1906,

and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

Mitral regurgitation and stenosis.

Aortic regurgitation

(DURATION) 2 Years

Contributory Failure of compensation

(DURATION) 60 DAYS

(Signed) A. K. Medtronice M. D.

Aug 21 1906 (Address) 1822 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	Aug 23 1906
UNDERTAKER	ADDRESS
Robt J Turner	Pikesville

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 92988 Registered No. B ... 92988

CERTIFICATE OF DEATH.

Place of Death.) No. 1610 Pulteman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lonzo Walker

{Residence, if in Baltimore, Give Street and Number.} 1610 Pulteman st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR Colored
DATE OF BIRTH	1
AGE	years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Vaughn Walker
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Lorra Wiles
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaughn Walker

(Address) 1610 Pratt

Filed 8/22 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21st 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 4 DAYS

Contributory (Primary) Acute

(DURATION) ... DAYS

(Signed) Lee Baldwin M.D.

Address 700 Lafayette Ave (Corner)

Date Aug. 22nd 1906

Place of Burial Mt Auburn Cem

Date Aug 22 1906

Undertaker Wm J. Johnson

Address 1402 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 92989 — Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. THE JOHNS HOPKINS HOSPITAL St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name JOHN ERHARDT

{ Residence, if in Baltimore, Give Street and Number. } 202 N. CLINTON. St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: MALE | COLOR: WHITE

DATE OF BIRTH: ~~Aug~~ 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W WIDOWER

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: BOX- MAKER

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs K. Hecker

(Address) 202 N Clinton St

Filed 8/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUGUST 21 1906. 190

I HEREBY CERTIFY, That I attended deceased from AUG. 1 1906 to AUG. 21-06. 190

that I last saw h im alive on Aug. 21- 06 90, and that death occurred, on the date stated above, at 12 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John McF. Baughman M.D.

Address JOHNS HOPKINS HOSPITAL

Date Aug 22 - 1906

Place of Burial St. Mathews Cem,

Date 8/23/06 190

Undertaker J Henry & Son

Address 208 E Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92990

Registered No. B .....

City of Baltimore, (No. 1513 N. Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W Beard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Apr (Month) 9 (Day) 1832 (Year)

AGE: 74 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Frederick Beard

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Anna Simpson

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Drury

(Address) 2530 Fenwick

Filed 8/22 1906

EARLY OF ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Aug 21 1906 that I last saw h[illegible] alive on Aug 21 1906, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

abdominal cancer

(DURATION) 6 Mos

Contributory Enteritis

(DURATION) 3 Mos

(Signed) R H Davis M. D.

Aug 24 1906 (Address) 1507 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 23 1906

UNDERTAKER: Geo. M. Fink

ADDRESS: 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92991 Registered No. B 92991

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 Talbot St (Waverly) — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oscar Ward

{ Residence, if in Baltimore, Give Street and Number. } 24 Talbert St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Apr 9 1906

AGE ..... years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER B. W. Johnson

BIRTHPLACE OF FATHER (State or country) ~~Virginia~~ ~~Md~~

MAIDEN NAME OF MOTHER ~~Susan Ward~~ ~~Govanstown~~

BIRTHPLACE OF MOTHER (State or country) Govanstown

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Susan Ward

(Address) 24 Talbert St

Filed 8/22 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to 1906

that I last saw h..... alive on 1906

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Life

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address Co.

Date Aug 22 1906

Place of Burial Bonnie View

Date AUG 24 1906 Aug 24 1906

Undertaker Commissioner of Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

92992

Registered No. B.....

City of Baltimore, (No. 407, Myrtle ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Walter Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Essie Lee

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/22 1906 HARRY C. ANDREWS Registrar

PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

Asphyxia

Suicide

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Patrick F. Maykis M. D.

Aug 22 1906 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
COLLEGE OF P. & S.	AUG 22 1906
	190
UNDERTAKER	ADDRESS
	Health Department

Commissioner of Health

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

22 1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 92993

Registered No. B

City of Baltimore, (No. 306, W. Biddle St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillie Hecker

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: wht

DATE OF BIRTH: July 2 (Month) 2d (Day) 1883 (Year)

AGE: 23 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John Hecker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margt Linker

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hecker

(Address) 306 W. Biddle St

Filed 8/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1906 to Aug 21 1906 that I last saw h ex alive on Aug 21 1906, and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 21 DAYS

Contributory acute lobar Pneumonia (both lower lobes) (DURATION) 9 DAYS

(Signed) G Lane Taneyhill M. D.

aug 21 1906 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: aug 23 1906

UNDERTAKER: George Bentz

ADDRESS: 594 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 92994

City of Baltimore, (No. 22½ W. Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret B. Keller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 16th (Day) 1869 (Year)

AGE: 36 years, 10 months, 5th days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Josiah S. Keller

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Mary M. Yingling

BIRTHPLACE OF MOTHER (State or country): Westminster, Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J. Keller

(Address) 22½ W. Monument St.

Filed 8/22 1906 HARRY O. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1904 to Aug 21 1906

that I last saw h[er] alive on Aug 21 1906,

and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Papilloma of ovary with metastases in bladder, intestines etc.

About 2 years (DURATION) ..... DAYS

Contributory Exhaustion + asthenia

..... (DURATION) ..... DAYS

(Signed) Chas. J. Keller M. D.

Aug 21st 1906 (Address) 22½ W. Monument St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: 8/23 1906

UNDERTAKER: Evans & Spence | ADDRESS: 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 92995 Registered No. B 92995

CERTIFICATE OF DEATH.

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(Place of Death.) No. 1620 Shakspeare St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ignatius Okonski

{ Residence, if in Baltimore, Give Street and Number. } 1620 Shakespeare St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 16 .. 1906

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Wladislaus Okonski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Victoria Chmielewski.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Okonski

(Address) 1620 Shakspeare St

Filed 8/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 20th 1906 to Aug. 21st 1906 that I last saw him alive on Aug. 21 1906, and that death occurred, on the date stated above, at 4.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Infection of the umbelical cord

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Augustine Palmisano M.D.

Address 224 South Exeter St.

Date Aug. 22nd 1906 190

Place of Burial St Stanislaus.

Date Thursday Aug 23 " 1906

Undertaker M. F. Sadowski,

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 92996 Registered No. B 92996

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 24 N. Kenwood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josepha Sanders

{ Residence, if in Baltimore, Give Street and Number. } 24 N. Kenwood Ave.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 19th 1833

AGE: 73 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Meyers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Glash

(Address) 24 N. Kenwood Ave

Filed 8/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 21 1906

that I last saw her alive on Aug 20 1906,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

& obstruction of

the bowels

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. C. Dean M.D.

Address 156 milton ave

Date Aug. 21 1906

Place of Burial Sacred Heart

Date Aug. 23rd 1906

Undertaker Jno. A. Inman

Address Bank & Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 92997. Registered No. B 92997.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Thomas Wilson Sanitarium. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jessie Godwin

{ Residence, if in Baltimore, Give Street and Number. } 1613 Miller St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE ..... years, 10 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Godwin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mollie Manson

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mossel

(Address) 1442 N Gay St

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Aug 21 1906 that I last saw h im alive on Aug 21 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia Diarrhoea

Pneumonia.

Five weeks. (DURATION) — DAYS

Contributory (Primary) (DURATION) — DAYS

(Signed) Henry White M.D.

Address Mt Wilson Md

Date Aug 22. 1906

Place of Burial Mt Carmel

Date Aug 23th 1906

Undertaker Geo Mossel

Address 1442 N Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B 92998

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2321 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Dorbert

{Residence, if in Baltimore, Give Street and Number.} 2321 Mc Elderry St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 9th 1906

AGE ..... years, 7 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George F. Dorbert

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Josephine Sudhausen

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Dorbert

(Address) 2321 Mc Elderry st

Filed 8/23 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 22 1906 that I last saw h-r alive on Aug 22 1906, and that death occurred, on the date stated above, at 2:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rust M.D.

Address 2000 E. Biddle st

Date Balt. Aug 23 1906

Place of Burial Holy Redeemer Cemetery

Date Aug 23rd 1906

Undertaker Christian Miller

Address Jefferson st & Montford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

92999

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1731 N. Montford Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Kelly Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 31st (Day) 1905 (Year)

AGE: 1 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Albert Kelly

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ella M Worthington

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albt Kelly

(Address) 1731 Montford Ave

Filed 8/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1906 to Aug 22 1906 that I last saw h[illegible] alive on Aug 22 1906, and that death occurred, on the date stated above, at 1145 A.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) DAYS

Contributory Inanition

(DURATION) DAYS

(Signed) Alfred Ullman M. D.

Aug 22 1906 (Address) 1526 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park. Cem. | DATE OF BURIAL: AUG 24 1906

UNDERTAKER: Wm. J. Fry, | ADDRESS: 921 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 93000

City of Baltimore, (No. 649, Burbards Lane st., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Bl

DATE OF BIRTH: ~~Feb~~ March 28 (Month) (Day) 1906 (Year)

AGE: ✓ years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John White

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Bessie Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie H Tyte

(Address) 649 Burkards Lane

Filed 8/23 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Augo 1906 to Aug 22 1906 that I last saw h in alive on Aug 22 1906, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Marasmus.

(DURATION) DAYS

Contributory ✓

(DURATION) DAYS

(Signed) B. F. Tuemuch M. D.

Aug 22 1906 (Address) 6035 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem. | DATE OF BURIAL: Aug 23 1906

UNDERTAKER: George H Hoppe | ADDRESS: 409 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93001

Registered No. B .....

City of Baltimore, (No. 1200, Henry Ct., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
rear of 69 N. Pine St.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Gross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Jan (Month) 29 (Day) 1898 (Year)

AGE: 8 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Gross

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Francis Dorne

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Gross

(Address) 1200 Henry Ct

Filed 8/23 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Aug 21 1906 that I last saw her alive on Aug 21 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

3 mos. (DURATION) ..... DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Jennie N. Browne M. D.

Aug 22 1906 (Address) 1310 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 23 1906
UNDERTAKER	**ADDRESS**
P L Bourdeau	1085 Monty

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 P

93002 Registered No. B 93002

CERTIFICATE OF DEATH.

(Place of Death.) No. 1029 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm H. Morris

{Residence, if in Baltimore, Give Street and Number.} 1029 Hanover st

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 18th 1845

AGE: 61 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: William H. Morris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Muthershed

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothy L. Morris

(Address) 1029 Hanover St

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 22 1906 that I last saw him alive on Aug 21 1906, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 2 DAYS

Contributory (Primary) Chron. Nephritis

(DURATION) 6 mos DAYS

(Signed) Ed S. Ellis M.D.

Address 915 Light St

Date Aug 22 1906

Place of Burial: London Park Cem

Date: Aug 24th 1906

Undertaker: C. Schlomann & Son

Address: 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93003

Registered No. B

City of Baltimore, (No. 1708 Bradbury St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marian Muth

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~White~~ F.

COLOR ~~Color~~ White

DATE OF BIRTH ..... (Month) ..... (Day) 1905 (Year)

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Muth.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Elizbath Herman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Muth

(Address) 1708 Presbury St

Filed 8/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 8/21 1906 to 8/23 1906

that I last saw h~~er~~ alive on 8/23 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Intest Intussusception

(DURATION) 2 DAYS

Contributory Gastro Enteritis

(DURATION) 2 DAYS

(Signed) H. G. Barrett M. D.

8/23 1906 (Address) 1631 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 24 1906

UNDERTAKER: Wm Cook — ADDRESS: 562 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 93004 — Registered No. B 93004

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 E. Eager St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Little

{Residence, if in Baltimore, Give Street and Number.} 1621 E. Eager St.

Duration of Residence in Baltimore: 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE New Lyr ± 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Stove Rubber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Little

(Address) 1621 E. Eager St.

Filed 8/23 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21st 1906.

I HEREBY CERTIFY, That I attended deceased from August 20th 1906 to August 21st 1906

that I last saw h[e] alive on August 21st 1906 at 5:00 P.M. and that death occurred, on the date stated above, at ..... P.M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis (Hemiplegia

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Poplar Hudson M.D.

Address 1031 N. Caroline St.

Date Balto. Md. August 22nd 1906.

Place of Burial New Cathedral Cemetery

Date Aug 24th 1906

Undertaker Henry Hooke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 93005 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1504 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. Heineman

{ Residence, if in Baltimore, Give Street and Number. } 1504 N. Bradford St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Jan. 3 — 1906

AGE ..... years, 6 months, 21 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER August Heineman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Fetch

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1504 Bradford St

Filed 8/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h..... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred K. Camalier M.D.

Address Coroners Office

Date Aug 21 1906

Place of Burial Holy Redeemer Cemetery

Date Aug 23 1906

Undertaker Henry Hoch & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] 93006 Registered No. B 93006

CERTIFICATE OF DEATH.

(Place of Death.) No. 633 W Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Morris

{Residence, if in Baltimore, Give Street and Number.} 633 W Fayette St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W Lite

DATE OF BIRTH: [illegible]

AGE: 69 years, ___ months, ___ days

~~SINGLE, MARRIED,~~ ~~WIDOWER, OR DIVORCED~~ Widower

BIRTHPLACE (State or country): Berlin Ger

FULL NAME OF FATHER: Julian Moses Morris

BIRTHPLACE OF FATHER (State or country): Berlin Ger

MAIDEN NAME OF MOTHER: Julia Hinds

BIRTHPLACE OF MOTHER (State or country): Berlin Ger

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. S. Morris

(Address) Centerville Md.

Filed 8/23 1906

HARRY G. ANDREWS, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 22 1906 that I last saw him alive on Aug 22 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis & Asthenia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Aug 23d 1906

Place of Burial Bolton Hebrew Cemetery

Date Aug 23 1906

Undertaker J Johns & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 93007.

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 N. Caroline St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Eugene W Hickman

{Residence, if in Baltimore, Give Street and Number.} 527 N. Caroline

Duration of Residence in Baltimore. 5 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [redacted]

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm. H. Hickman

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Henrietta Thomas

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Hickman

(Address) 527 N. Caroline

Filed 8/23 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 19th 1906 to Aug 21st 1906

that I last saw h. alive on Aug 21st 1906

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Thomas Romm M.D.

Address 1835 E Baltimore

Date Aug. 22nd 1906

Place of Burial Baltimore Cemetary

Date August 24 1906

Undertaker Robert F Tenney

Address Broadway & Lombard St

N.M. & C. DUKATY CO., BALTIMORE.

Rom: Balt: 7510

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 — 93008 — Registered No. B 93008

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Parkwyrth ave Waverly ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen Chapman Bond

{Residence, if in Baltimore, Give Street and Number.} 613 Parkwyrth ave

Duration of Residence in Baltimore. about 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 15th 1892

AGE: 13 years, 8 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Hagerstown Maryland

FULL NAME OF FATHER: Benjamin F. Bond

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Kate C. Chapman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate C. Bond

(Address) 613 Parkwyrth Ave

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 21 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 - 1906 to Aug 21 1906

that I last saw h[illegible] alive on Aug 21 1906

and that death occurred, on the date stated above, at 8-30 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Aug 22 - 1906

Place of Burial Green Mount Cemetery

Date Aug 22nd 1906

Undertaker Stewart & Mowere

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr H. G. Prentiss 809 Gorsuch ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93009 — Registered No. B 93009

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 S Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pasquale Brunzi

{Residence, if in Baltimore, Give Street and Number.} 403 S. Central ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Aug 22 1906
AGE	..... years, ... months, Few minutes days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balti
FULL NAME OF FATHER	Antonio Brunzi
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Mary Brunzi
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Bionce

(Address) 403 S. Exeter st.

Filed 8/23 1906 HARRY OF ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 22 1906

that I last saw h— alive on Aug 22 1906

and that death occurred, on the date stated above, at P.

M. CAUSE OF DEATH (Secondary or Immediate.)

Dead in Birth

(Different Institution)

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date Aug 23 1906

Place of Burial St. Vincents Cem.

Date Aug. 23d 1906

Undertaker Wendell Lipsett & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B 93019

City of Baltimore, (No. near 5th ave Old Pimlico Road St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Warren. Frances. Hart.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 25 — 1880 (Month) (Day) (Year)

AGE: 25 years, 9 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Lewis. C Hart

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ellenora. Davis.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Book-Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis. C. Hart

(Address) Old Pimlico Road

Filed 8/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21 1906

Aug (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 1905 to August 21. 1906.

that I last saw him alive on Aug 21 1906,

and that death occurred, on the date stated above, at 4 30 P. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

Complicated with Chronic Nephritis. (DURATION) 10 DAYS

Contributory Convulsions (DURATION) Two DAYS

(Signed) Frederick. G. Hoener. M. D.

190 (Address) 112. S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 24 1906

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 55011 — Registered No. B 55011

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Edward Johnson

{Residence, if in Baltimore, Give Street and Number.} 1026 Vincent St.

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Black

DATE OF BIRTH: Jan 1 1864

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: May Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Johnson

(Address) 1026 Vincent

Filed 8/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1906 to Aug 22, 1906 that I last saw him alive on Aug 22, 1906, and that death occurred, on the date stated above, at 9-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) E. E. Laudy M.D.

Address Md. Gen. Hospital

Date Aug 22 1906

Place of Burial Mt Hope

Date Aug 23 1906

Undertaker R L Parham

Address 1213 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B 93012

93012

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1387 Woodyear St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mollie Snowden.

{Residence, if in Baltimore, Give Street and Number.} 1387 Woodyear St

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER Mort. Snowden.

BIRTHPLACE OF FATHER (State or country) Calvert County Md.

MAIDEN NAME OF MOTHER Sarah Ellen Diggs.

BIRTHPLACE OF MOTHER (State or country) Calvert County Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Parker X

(Address) 2102 Division St

Filed 8/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Aug 21 1906

that I last saw her alive on Aug 20 1906;

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis and Nephritis (DURATION) 14 DAYS

Contributory (Primary.) General Tuberculosis (DURATION) — DAYS

(Signed) Geo E Shannon M.D.

Address 1442 Preastman St

Date Aug 22 1906

Place of Burial Mt Auburn Cem

Date Aug 23rd 1906

Undertaker Saml W. Chase

Address 1011 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93013

City of Baltimore, (No. 1152 E Lombard St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Block

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ×

BIRTHPLACE (State or country): city of Balto

FULL NAME OF FATHER: Joseph Block

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosia Goldberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Block

(Address) 1152 E Lombard st

Filed 8/13 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1906 to Aug 23d 1906

that I last saw him alive on Aug 23rd 1906,

and that death occurred, on the date stated above, at 5:30 a. M. The CAUSE OF DEATH was as follows:

Broncho - Pneumonia

(DURATION) 1 DAYS

Contributory ~~~~

(DURATION) ..... DAYS

(Signed) A. F. Rico M. D.

Aug 23d 1906 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Philip's Old Rows Dr. DATE OF BURIAL: Aug 23 1906

UNDERTAKER: Max Levinson ADDRESS: 113 S Lou st

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 93014 Registered No. B 93014

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Imogen Slingluff

{Residence, if in Baltimore, Give Street and Number.} 252 W Hoffman St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 13th 1906.

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Robert Lee Slingluff

BIRTHPLACE OF FATHER (State or country) Carroll Co Md.

MAIDEN NAME OF MOTHER Mary Imogen Dorsey

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Lee Slingluff

(Address) 252 W Hoffman St

Filed 8/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 22 1906 that I last saw her alive on Aug 22 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Immediate, Cerebral Hemorrhage,

Predisposing, Intra cranial pressure

Duration Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo W Dobbin M.D.

Address 56 W Biddle St

Date August 23 1906

Place of Burial Druid Ridge Cem

Date Aug 24th 1906

Undertaker Newfarkin Bros Co

Address 233 & Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 93015 Registered No. B 93015

176

CERTIFICATE OF DEATH.

(Place of Death.) No. near Fulton Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David L. Goodsell

{ Residence, if in Baltimore, Give Street and Number. } 1336 N. Stricker st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: No Record 1

AGE: about 55 years

..... years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Fredrick L Goodshell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Victoria Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C H Blizzard

(Address) 1119 Pa ave

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21st 1906

I HEREBY CERTIFY, That I attended deceased from

..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull, -

+ Compression of brain.

(Post Mortem, Dr. Kline)

(DURATION) 1/4 DAYS

Contributory (Primary.) Blow with pipe

Causing fallen fracture (DURATION) 1/4 DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date Aug. 21st 1906

Place of Burial Loudon Park

Date Aug 24 1906

Undertaker C H Blizzard & Co

Address 1119 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7

Registered No. B 93016

93016

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Ainsworth

{ Residence, if in Baltimore, Give Street and Number. } 1941 W. Baltimore St, Balto Md.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 11th 1906.

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Harry Ainsworth

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Ann Booth

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Ainsworth

(Address) 1941 W Balto St

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 22 1906 that I last saw him alive on Aug 22 1906, and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia from lack of nourishment owing to malformation.

Contributory (Primary.) (DURATION) DAYS Diverticulum of oesophagus with communication of oesophagus & trachea

(DURATION) 12 DAYS

(Signed) W. D. Bowley M.D.

Address 208 W. Monument St.

Date Aug 22, 1906.

Place of Burial London Park

Date Aug 23rd 1906.

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 93017 Registered No. B 93017

153

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Sanitarium Mt Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Kahmer

{ Residence, if in Baltimore, Give Street and Number. } 644 Wyeth st

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 2d 1906

AGE: ..... years, 2 Mos months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank Kahmer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: no

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Rohide

(Address) 730 Pennsave

Filed 8/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Aug 22 1906

that I last saw him alive on Aug 22 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition - Chronic Gastritis

5 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry White M.D.

Address Mt Wilson Md

Date Aug 23, 1906.

Place of Burial Baltimore Cem

Date August 24 1906

Undertaker Mrs A Rohide & Son

Address 730 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93018

City of Baltimore, (No. 248, S. Conn St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Stumpf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 28 (Day) 1826 (Year)

AGE: 80 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Stumpf.

(Address) 248 S. Conn St.

Filed 8/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to Aug 21st 1906 that I last saw him alive on August 21st 1906, and that death occurred, on the date stated above, at 4 35 a.m. The CAUSE OF DEATH was as follows:

Old Age, Arterio Sclerosis

(DURATION) ..... DAYS

Contributory Paralysis

(DURATION) ..... DAYS

(Signed) John Houff M. D.

Aug 22 1906 (Address) 15 N. Monroe St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL: Aug 24 1906

UNDERTAKER: HENRY SANDER & SONS ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 93019 — Registered No. B 93019

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Kern

{Residence, if in Baltimore, Give Street and Number.} 925 Eastern Ave.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 5th 1906
AGE	1 year, 1 month, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Kern
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Katie Ross
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kern

(Address) 925 Eastern Ave.

Filed 8/23 1906 HARRY O. ANDERS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22d 1906

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to Aug. 22d 1906

that I last saw him alive on Aug 21st 1906,

and that death occurred, on the date stated above, at 10.30

M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

during life (DURATION) DAYS

Contributory (Primary) Inanition

during life (DURATION) DAYS

(Signed) Edward A. Konradi M.D.

Address 2241 E. Balt. St.

Date Aug. 22d 1906.

Place of Burial 1st Evangelical Cem.

Date August 24th 1906

Undertaker H. Lauder & Son

Address 1710 Lauder Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93020 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Chisholme

{ Residence, if in Baltimore, Give Street and Number. } ?

Duration of Residence in Baltimore. ? B93020

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known

BIRTHPLACE (State or country) ,,

FULL NAME OF FATHER ,,

BIRTHPLACE OF FATHER (State or country) ,,

MAIDEN NAME OF MOTHER ,,

BIRTHPLACE OF MOTHER (State or country) ,,

OCCUPATION OF DECEASED ,,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug: 20 - 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Burns of body (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Smallwood M.D.

Address Coroner 7540

Date Aug: 23-06. 190

Place of Burial Holy Sepulchre

Date Aug/ 22nd 1906

Undertaker Geo. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93021

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard A Fowler

{ Residence, if in Baltimore, Give Street and Number. } 606 N Madeira St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH July 23 1906

AGE ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Richard Fowler

BIRTHPLACE OF FATHER (State or country) Balto Co. Md

MAIDEN NAME OF MOTHER Mary Kilgoe

BIRTHPLACE OF MOTHER (State or country) Balto co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Richard Fowler

(Address) 606 N Madeira St

Filed 8/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 22 1906 that I last saw her alive on Aug 22 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho = Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2219 Orleans St

Date Aug 23 1906

Place of Burial Woodberry Cemetery

Date Aug 23 1906

Undertaker E Bryan

Address 2156 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 93022 Registered No. B 93022

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Laurence

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: June 22 1906

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Foundling

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McElwaney

(Address) 2005 Madison Ave

Filed 8/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 9 1906 to Aug. 22 1906 that I last saw h[illegible] alive on Aug 21 1906, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McElwaney M.D.

Address 2005 Madison Ave.

Date Aug. 22 1906

Place of Burial COLLEGE OF P. & S.

Date AUG 23 1906 1906

Undertaker Commissioner Health.

Address Health Department

HARRY OS AYRES, PERMIT CLERK.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

22/

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93023

City of Baltimore, (No. 1341 N. Fremont St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eugene F. Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1842 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Eugene F. Sullivan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Furniture Mover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene F. Sullivan

(Address) 1431 N. Fremont

Filed 8/23 1906

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/19 1906 to 8/22 1906 that I last saw h[illegible] alive on 8/22 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Acute interstitial Nephritis

(DURATION) 12 DAYS

Contributory Chronic Alcoholism

(DURATION) ..... DAYS

(Signed) A. J. Barnett M. D.

8/23 1906 (Address) 1631 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bonnie Brian — DATE OF BURIAL: Aug 24 1906

UNDERTAKER: John E. Hough — ADDRESS: 1422 Pa. Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be asc
deceased, and the ***cause and date of dea***
death.

sex, age, condition (whether married or

2

Ward 0 93024 Registered No. B 93024

CERTIFICATE OF DEATH.

(Place of Death.) No. 1714 McCulloh St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alfredda Jones

{ Residence, if in Baltimore, Give Street and Number. } 1714 McCulloh

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 42 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry Jones

BIRTHPLACE OF FATHER (State or country) Grals Island

MAIDEN NAME OF MOTHER Lucy Johnson

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Jones

(Address) 1714 McCulloh St.

Filed 8/23 1906 HARRY O. ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred J. Faulkner M.D.

Address Coroners Office

Date Aug: 23-06 190

Place of Burial Asbury

Date Aug 26th 1906

Undertaker Wm J. G. Jackson

Address 1421 N. Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93025

City of Baltimore, (No. 103 S Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie Heinemann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 19 (Day) 1906 (Year)

AGE: ... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Jacob Heinemann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Leibhat

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Barbara Leibhat

(Address) 103 S Payson St

Filed Aug 24 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1906 to Aug. 23, 1906 that I last saw her alive on Aug. 23 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Cholera infantum.

(DURATION) 3 DAYS.

Contributory ... (DURATION) ... DAYS

(Signed) E. A. Dickey M. D.

Aug. 24, 1906 (Address) 2136 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Aug 24" 1906

UNDERTAKER: A S Fink

ADDRESS: 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 — 93026 — Registered No. B 93026 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Rutledge

{ Residence, if in Baltimore, Give Street and Number. } 1914 E. Baltimore St.

Duration of Residence in Baltimore. 66 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 3 Mo. 1830

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Johns New Brunswick

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Margaret Sullivan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. V. McCahan

(Address) 1914 E. Baltimore St.

Filed 8/24/06 — HARRY C. ANDRES, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 22 1906 that I saw h[illegible]r alive on Aug 20 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Intracapsular fracture of hip-joint

(DURATION) 20 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) C. G. Rude M.D.

Address 2000 E. Balt. St.

Date Aug 22 1906

Place of Burial Cathedral Cem.

Date August 24 1906

Undertaker John A. Daiger

Address 1238 Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 93027 Registered No. B 93027

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Williams

{Residence, if in Baltimore, Give Street and Number.} 1509 Jackson St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 24 1906

AGE: 8 years, [redacted] months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore md.

FULL NAME OF FATHER: Michael Williams

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Alice Connelly

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael W. Williams

(Address) 1509 Jackson St.

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Aug 22 1906 that I last saw h[illegible] alive on Aug 22 1906, and that death occurred, on the date stated above, at 11.2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentric Diarrhoea
Gastritis.

6 weeks (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Harry M Little M.D.

Address Mt. Wilson Md

Date Aug 23 1906

Place of Burial New Cathedral

Date Aug. 24, 1906

Undertaker John J. Fahey

Address 1232 Wilkens St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 — 93028 — Registered No. B 93028

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 947 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dennis M Driscoll

{Residence, if in Baltimore, Give Street and Number.} 947 S Paca St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1841

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Driscoll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Hucksters

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Driscoll

(Address) 1420 N Stricker st.

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 22nd 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to August 22 1906 that I last saw him alive on August 21 1906, and that death occurred, on the date stated above, at 6.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

1 Month (DURATION) 5 DAYS

Contributory (Primary.) Heart failure

Sudden 1 hour (DURATION) DAYS

(Signed) J. E. Timme M.D.

Address 855 Columbia Ave

Date Aug 23 1906

Place of Burial Bonnie Brae Cemetery

Date Aug 25-a 1906

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93029 Registered No. B 93029

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 Orchard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Noma Gibson

{Residence, if in Baltimore, Give Street and Number.} 436 Orchard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md.

FULL NAME OF FATHER: Garrison Gibson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie Scarbough

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garrison Gibson

(Address) 436 Orchard St

Filed 8/24 1906

MARY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from June 23 1906 to Aug 23 1906 that I last saw h.. alive on Aug 23 1906 and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

2 hrs (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion 2 hrs (DURATION) ..... DAYS

(Signed) W. H. Fowler M.D.

Address 4712 S. Dover St

Date Aug 23 1906

Place of Burial Laurel Cem

Date Aug 25 1906

Undertaker Smith & Gradwell

Address 1516 Westfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 93030 Registered No. B 93030

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaiah Chester

{Residence, if in Baltimore, Give Street and Number.} 1128 Goodman al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenaf Holy

(Address) CAT FIEL

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to Aug 22 1906

that I last saw h.. alive on Aug 22 1906,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis, Multiple Abscesses

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Wm. Timmons M.D.

Address Bay View Asylum

Date Aug 22 1906

Place of Burial Mt Auburn

Date Aug 24 1906

Undertaker Jno H. Tradwin

Address 206 Wilkens St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93031

City of Baltimore, (No. 1122 Harmony Lane, 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Dunton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Chas H. Dunton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clara Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Dunton

(Address) 1122 Harmony Lane

Filed 8/24 1906 HARRY C. ANDERS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 22 1906

that I last saw h[illegible] alive on Aug 22 1906,

and that death occurred, on the date stated above, at 6.35 P. M. The CAUSE OF DEATH was as follows:

Cerebritis

(DURATION) 7 DAYS

Contributory Summer Diarrhoea

(DURATION) 6 DAYS

(Signed) J. G. Jeffers M. D.

Aug 22 1906 (Address) 1137 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Aug 24 1906

UNDERTAKER: Jno H. Treadwell | ADDRESS: [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 93032 Registered No. B 93032

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Butler

{Residence, if in Baltimore, Give Street and Number.} 1300 Division st

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colard

DATE OF BIRTH: 1

AGE: 74 years, ~~months~~, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: John Butler

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: Mary Toomey

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Brighton

(Address) 1300 Division St

Filed 8/24 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

about four mos (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Dr. Ar Baldwin M.D.

Address 700 Laf. Av. (Comm.)

Date Aug. 22nd 1906

Place of Burial National Cemetery

Date August 24 1906

Undertaker John H Ormes & Son

Address 1222 Druid St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 93033 — Registered No. B 93033

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Pr. & B. & O. Tunnel, near Mt. Royal Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Kuchaczyc

{ Residence, if in Baltimore, Give Street and Number. } 212 Albemarle St

Duration of Residence in Baltimore. Nine years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE about 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) Camden & Paca Sts

Filed 8/24 1906

HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock by electricity

Killed instantly (DURATION) ..... DAYS

Contributory (Primary.) accidental contact "3rd Rail," B & O. Tunnel (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Comm.)

Date aug. 23rd 1906

Place of Burial St Peters Cem

Date Aug 27 1906

Undertaker Wm J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93034 — Registered No. B 93034

CERTIFICATE OF DEATH.

(Place of Death.) No. 606. W. Cross St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Wm Stein

{Residence, if in Baltimore, Give Street and Number.} 606. W. Cross

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Aug 23rd 1906

AGE 4 hours
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) ~~Jno. L. Stein~~ Balto.

FULL NAME OF FATHER Jno L Stein

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Wilhelmina Hammerbacher

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Stein

(Address) 606 W. Cross St

Filed 8/24 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23rd 1906

I HEREBY CERTIFY, That I attended deceased from August 23 1906 to Aug 23rd 1906 that last saw h im alive on August 23 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart.

(4 hours) (DURATION) DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) Chas L. Puddenhorn M.D.

Address 418 S. Paca st.

Date August 23rd 1906

Place of Burial London Park

Date Aug 24th 1906

Undertaker E Schlosman Son

Address 1034 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 93035 — Registered No. B 93035

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name L. C. McGinnis Jr.

{Residence, if in Baltimore, Give Street and Number.} Millington Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: July 1st 1887

AGE: 19 years, 1 month, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Queen Anne Co Md.

FULL NAME OF FATHER: L. C. McGinnis

BIRTHPLACE OF FATHER (State or country): Queen Anne Co.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Sparks

(Address) Crumpton Md.

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 23 1906 that I last saw h[illegible] alive on Aug 23 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typemia

(DURATION) 7 DAYS

Contributory (Primary.) Enteric Fever

(DURATION) 28 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug 24 1906

Place of Burial Rolls. Wharf. to Queen Anne's Co Md

Date Aug 24 1906

Undertaker E. Schlosser Son

Address 139 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93036 — Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillian Mallory

{Residence, if in Baltimore, Give Street and Number.} 1320 N Lexington St

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 29 1884

AGE: 22 years, 7 months 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Kansas

FULL NAME OF FATHER: George B Mallery

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Julia Walker

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George B Mallery

(Address) 1320 N Lexington

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22, 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug 22 1906 that I last saw h alive on Aug 22 1906 and that death occurred, on the date stated above, at 6.30 P M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis

(DURATION) 11 wks DAYS

Con tributory (Primary.) Appendicitis

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 1039 Edmondson Ave

Date Aug. 22 1906

Place of Burial London Park Cemetery

Date Aug 24 1906

Undertaker Chas E Franck

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93037

City of Baltimore, (No. Richard St. 2032 N. Fulton Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard H. Cromes

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Aug 28 1828 (Month) (Day) (Year)

AGE 78 years, 11 months, 27 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Richardson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Margaret Boogher

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Ed. Lindall

(Address) 2032 N Fulton Ave

Filed 8/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from — 1902 to — 1906

that I last saw him alive on Aug 23 1906

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

About 10 Yrs (DURATION) DAYS

Contributory Asthenia

Indefinite (DURATION) DAYS

(Signed) Thos. D. Thumphrey M. D.

Aug 23 1906 (Address) 2014 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St. Mary's Hayden | DATE OF BURIAL Aug 25 1906

UNDERTAKER Chas E. Frames | ADDRESS 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93038

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93038

City of Baltimore, (No. 650 W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob G. Neff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Book Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Sharadin

(Address) Reading Pa

Filed 8/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Aug 23 1906

that I last saw him alive on Aug 23 1906

and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Nephritis (Bright's disease)
Asthenia
about 6 mos (DURATION) ~~DAYS~~
Contributory about 2 mos
(DURATION) ~~DAYS~~

(Signed) E. A. Muñoz M. D.

Aug 24 1906 (Address) 1801 Guilford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Kutztown Berks Co. Pa

DATE OF BURIAL: Aug 25 1906

UNDERTAKER: Chas E Franck

ADDRESS: 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B 93039

93039

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1913 Frederick Ave St — (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Minnie A Ritter

{Residence, if in Baltimore, Give Street and Number.} 1913 Frederick Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Aug 2 1

AGE 38 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Ritter

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Tel Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Brooks

(Address) Calhoun & Hollins Sts

Filed 8/24 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Feb 1901 to Aug 1906 that I last saw h alive on 18 Aug 1906, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

(DURATION) 5 Years DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M Hartman M.D.

Address 2910 N. Calvert St.

Date Aug 22 1906

Place of Burial Loudon Park Cem

Date Aug 24th 1906

Undertaker Robt Brookes Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93040 — Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 S. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wiesner

{ Residence, if in Baltimore, Give Street and Number. } 718 S. Milton Ave

Duration of Residence in Baltimore. 35 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 24 1839

AGE: 67 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wiesner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr E. Wiesner

(Address) 718 S. Milton Ave

Filed 8/24, 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 22 1906

that I last saw him alive on Aug 22 1906,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease. Heart

6 mos. (DURATION) DAYS

Contributory (Primary) Cerebral Paralysis

(DURATION) DAYS

(Signed) C. E. Green M.D.

Address 619 Park Ave

Date Aug 23 1906

Place of Burial 1st German Cem

Date Aug 25th 1906

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

33

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93041

City of Baltimore, (No. 1141 Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Etta Elizabeth Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: November 1878 (Month) (Day) (Year)

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas A Toogood

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Henrietta Butler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A K Bond MD

(Address) 803 Park Ave

Filed 8/24/06 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23d 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1898 ~~190~~ to Aug 22 1906

that I last saw her alive on Aug 22 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Patient suffered glandular swellings & neck with angina. Also a pericolenne suffer. Began to waste gradually. I suspect it was a general tuberculosis (DURATION) DAYS

Contributory There was no lung focus perceptible (DURATION) DAYS

(Signed) A K Bond M. D.

Aug 23 1906 (Address) 803 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Aug 25 1906

UNDERTAKER: Abel Hemsley | ADDRESS: 5780 Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

Registered No. B 93042

93042

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wibbingham

{Residence, if in Baltimore, Give Street and Number.} 346 Virginia St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: November 3 1843	
AGE: 62 years, 9 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: Samuel Jones	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Sarah Clemmance	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: House_Wife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. William P. Sauerhoff

(Address) 116 E. Montgomery St.

Filed 8/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 22nd 1906

that I last saw her alive on Aug 22nd 1906,

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Rupture of Cyst -

(DURATION) DAYS

Contributory (Primary.) Cyst of Liver

(DURATION) DAYS

(Signed) Elmer St Cookus M.D.

Address St Josephs Hosp-

Date Aug 22nd 1906

Place of Burial Mount Olivet Cemetery

Date August 24 1906 190

Undertaker Armstrong Denny Co.

Address 715_17 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person su
can be ascertained, the full name, sex, age, condition (whether marri
or the Coroner, when the case comes under his notice, to furnish within
son superintending the burial, a certificate setting forth, as far as the same
married or single) of the person deceased, and the cause and date of death.

Ward P 93043 Registered No. B 93043

CERTIFICATE OF DEATH.

(Place of Death.) No. 440 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Davis

{Residence, if in Baltimore, Give Street and Number.} 440 Hickory Ave

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Apr 26 1845

AGE 61 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jno. Brovell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER H. Davis

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Davis

(Address) 440 Hickory Ave

Filed 8/24 1906

BARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to aug 23 1906 that I last saw h er alive on aug 23 1906, and that death occurred, on the date stated above, at 12 midnight

CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation (DURATION) 25 DAYS

Con'tributory (Primary) General Debility (DURATION) 30 DAYS

(Signed) S. R. Vautz M.D.

Address 765 Mt Ave

Date aug 24th 1906

Place of Burial Laurel Md

Date Aug 26 1906

Undertaker N. S. Marshall

Address 3559 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93047 — Registered No. B 93047

CERTIFICATE OF DEATH.

(Place of Death.) No. 341 Elm Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wisnhoff

{Residence, if in Baltimore, Give Street and Number.} 341 Elm Ave

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Jan 29 1848
AGE	58 years, 6 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ldksburg Va
FULL NAME OF FATHER	John Marshall
BIRTHPLACE OF FATHER (State or country)	Ldksby Va
MAIDEN NAME OF MOTHER	Sophia Walters
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M. Allison

(Address) 341 Elm Ave

Filed 8/24 1906

[illegible] ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Aug 22 1906 that I last saw her alive on Aug 21 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Softening of Brain
Following Hemiplegia
Exhaustion + Collapse

7 weeks (DURATION) DAYS

Con'tributory (Primary.) Rt-Hemiplegia

9 weeks (DURATION) DAYS

(Signed) Wm H Goodman M.D.

Address 809 1st Ave

Date Aug 24th 1906

Place of Burial Mt Olivet

Date Aug 24 1906

Undertaker A S Marshall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 93045 Registered No. B 93045

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 110 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A. Frank.

{Residence, if in Baltimore, Give Street and Number.} 110 W. West St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 29 1906

AGE: — years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Conrad Frank

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Kunigunda Loeffler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kunigunda Frank (mother)

(Address) 110 W. West St

Filed 8/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner

Address

Date August 23 1906

Place of Burial Holy Redeemer

Date Aug 24th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 93046
63

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Burgundy Alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sticker

{Residence, if in Baltimore, Give Street and Number.} 924 Burgundy Alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rullman

(Address) [redacted]

Filed 8/24 1906

HARRY O. ANDREWS, PENALTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from July 6 1906 to Aug 22 1906 that I last saw her alive on July 22 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Agitans

(DURATION) 60 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Mary E. Browne M.D.

Address 115 W. Barre St

Date Aug. 24. 1906.

Place of Burial Mt. Olivet Cem.

Date [redacted]

Undertaker [redacted]

Address [redacted]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 93049

125

CERTIFICATE OF DEATH.

(Place of Death.) No. 3143 Gilmor st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Mary V. Stable

{Residence, if in Baltimore, Give Street and Number.} 314 S. Gilmor st

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH apr 12" 1905

AGE 1 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Franklin Howard Stable

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Alice L. Glanville

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Stable

(Address) 3143 Gilmor st

Filed 8/24 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 22" 1906

I HEREBY CERTIFY, That I attended deceased from aug 22" 1906 to aug 22" 1906 that I last saw h-er alive on aug 22nd 1906, and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum (DURATION) 10 DAYS

(Signed) N O Blaney M.D.

Address 110 S. Glenwood Av

Date aug 23" 1906

Place of Burial Loudon Park

Date aug 24 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 93048 Registered No. B 93048

CERTIFICATE OF DEATH.

27

(Place of Death.) No. University Hospital, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gross,

{ Residence, if in Baltimore, Give Street and Number. } Traces Landing Md.

Duration of Residence in Baltimore. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1860

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Calvert County, Md.

FULL NAME OF FATHER Thomas Gross

BIRTHPLACE OF FATHER (State or country) Calvert County, Md

MAIDEN NAME OF MOTHER Eliza Smothers

BIRTHPLACE OF MOTHER (State or country) Calvert County, Md.

OCCUPATION OF DECEASED Oysterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry Gross,

(Address) Trace's Landing

Filed 8/24 1906 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1906 to Aug. 24 1906

that I last saw him alive on Aug. 23 1906,

and that death occurred, on the date stated above, at 7.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and respiratory failure.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 56 DAYS

(Signed) W. W. Olive M.D.

Address University Hospital

Date Aug. 24 1906

Place of Burial Fairview a.a. Co

Date Aug 26th 06 190

Undertaker Lawrence E. Wright

Address 1364 E. Lexington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 93048 Registered No. B 93049

CERTIFICATE OF DEATH. 93049

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Blanche Scherer.

{Residence, if in Baltimore, Give Street and Number.} 504 N. Gay St.

Duration of Residence in Baltimore. 33 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 15, 1872

AGE 33 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Chas. Scherer

BIRTHPLACE OF FATHER (State or country) Balto Co Woodberry

MAIDEN NAME OF MOTHER Annie Stembler

BIRTHPLACE OF MOTHER (State or country) Balto Co Woodberry.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Scherer

(Address) 504 N Gay St.

Filed 8/24 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22, 1906

I HEREBY CERTIFY, That I attended deceased from 190 to Aug 22 1906 that I last saw her alive on Aug 22 1906, and that death occurred, on the date stated above, at 8-10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

— ? ? (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Aug 22, 1906

Place of Burial London Park Cty.

Date Aug 25th 1906

Undertaker Liston T. Fussellbaugh

Address 5101 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 93050 — Registered No. B 93050

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 W Lafayette — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Anderson

{Residence, if in Baltimore, Give Street and Number.} 1013 W Lafayette St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1870

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: — Smith

BIRTHPLACE OF FATHER (State or country): Anna Arundel Co

MAIDEN NAME OF MOTHER: Rachel Smith

BIRTHPLACE OF MOTHER (State or country): Anna Arundel Co

OCCUPATION OF DECEASED: General housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Wm. G. Thomasen

(Address) 434 N. Calvert St

Filed Aug 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23rd inst. 2 P.M. 1906

I HEREBY CERTIFY, That I attended deceased from for one month about 2 months 190 to Aug 23 190

that I last saw her alive on about 2 months 190

and that death occurred, on the date stated above, at 2 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Asthma, with acute Bronchitis as immediate cause. —

(DURATION) 46 DAYS

Contributory (Primary.) Broken asthma (as to asthma) (DURATION) many 7 DAYS

(Signed) Dr. Wm. G. Thomasen M.D.

Address 434 N. Calvert St

Date 23d August 1906

Place of Burial Mount Auburn

Date Aug the 27 1906

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

HARRY O'ANDREWS, FILING CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93051

City of Baltimore, (No. 1124, N Eutaw St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna May Cook

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH ~~day~~ ~~3~~ ~~1~~ (Month) (Day) Year)

AGE 0 years, months, 42 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Royden C Cook

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ora M Wells

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ~~Waitress at the Hotel~~ none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Royden C. Cook

(Address) 1124 N. Eutaw St

Filed 8/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 190 to Aug 2 190

that I last saw h alive on 23 Aug 190 6,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Hydro-cephalus

(DURATION) 42 DAYS

Contributory Compression of Brain

(DURATION) 12 DAYS

(Signed) G Lane Tanyhill M. D.

Aug 24 1906 (Address) 1103 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Catherial Cem | DATE OF BURIAL Aug 25 1906

UNDERTAKER Wm Cook | ADDRESS 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93052 Registered No. B 93052

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CERTIFICATE OF DEATH.

(Place of Death.) No. 314 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fidelia Sewell

{ Residence, if in Baltimore, Give Street and Number. } 314 E. Lanvale st

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH ..... 1 .....

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Boston Mass

FULL NAME OF FATHER ~~Wm~~ Frances

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Sewell.

(Address) 314 E. Lanvale St

Filed 8/24 1906

HARRY O. ARENDS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 22 1906

that I last saw h.. alive on Aug 22 1906

and that death occurred, on the date stated above, at 11.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

6 hours (DURATION) ..... DAYS

Contributory (Primary.) Paralysis

(DURATION) ..... DAYS

(Signed) John C. Bourne M.D.

Address 1300 W. Lombard st.

Date Aug. 23 1906

Place of Burial Loudon Park

Date Aug 24 1906

Undertaker L. Deuboop

Address 702 E. North ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93053

CERTIFICATE OF DEATH.

(Place of Death.) No. 679 Ft Jas d Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Smith Wilson

{Residence, if in Baltimore, Give Street and Number.} 679 Ft Jas d Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 18

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Emma A. Wright

(Address) 549 Oxford St

Filed 8/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 23 1906

that I last saw h[illegible] alive on Aug 23 1906

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 hours DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 2 hours DAYS

(Signed) C. E. Fisher M.D.

Address #712 S. Stricker St

Date Aug 24th 1906

Place of Burial Laurel Cemetery

Date Aug 25 1906

Undertaker Wm. J. Dyer

Address 42 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward St. Imes 93054 Registered No. B 93054

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mrs Dora Nazolek

{Residence, if in Baltimore, Give Street and Number.} 902 S. Ann St.

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE About 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Nazolek Husb.

(Address) 902 S. Ann St

Filed 8/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 23 1906 that I last saw h-- alive on Aug 23 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ascendancy - Pulmonary Oedema.

(DURATION) 5 DAYS

Contributory (Primary) Carcinoma of Stomach

(DURATION) DAYS

(Signed) Chas L. Jennings M.D.

Address St. Joseph's Hospital.

Date Aug 23. 1906

Place of Burial Mt Hamilton.

Date Saturday Aug 25. 1906

Undertaker M F Dachowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 93055 — Registered No. B 93055 92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Zeoellter

{ Residence, if in Baltimore, Give Street and Number. } Emmyrin-

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE — years, 2. months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant R. Schumacher & Co., (Address) L. Bay & Pt.

Filed 8/24 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 7- 1906 to Aug 23 1906

that I last saw her alive on Aug. 23 1906 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs-Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Inanition

..... (DURATION) ..... DAYS

(Signed) Wm G. Dorsey M.D.

Address City Hospital

Date August 23rd 1906

Place of Burial Ist Evangelical Cem.

Date August 24th 1906

Undertaker H. Sauder Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 93056 — Registered No. B 93056

CERTIFICATE OF DEATH.

(Place of Death.) No. 1047 N Carolina St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cary Carson

{Residence, if in Baltimore, Give Street and Number.} 1047 N Carolina

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 17 1906

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Carlson

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Rosie Carlson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Carlson

(Address) 1047 N Carolina St

Filed 8/27 1906

Registrar

[PERMIT CLERK.]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 24 1906 that I last saw h er alive on Aug 23 1906, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Henderson M.D.

Address 1721 Caulton Ave

Date Aug 24 1906

Place of Burial Pt. Evangelic Ce

Date Aug 26 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts. BALTIMORE, MD.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93057 Registered No. B 93057

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sitting

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lester Holyday. Supt.
(Informant) .....

(Address) .....

Filed Aug 24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9. 1906 to Aug 23 1906 that I last saw h[illegible] alive on Aug 23 1906, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) W. W. Owens Jr M.D.

Address Bay View Asylum

Date Aug 24 1906

JOHNS HOPKINS HOSPITAL
AUG 24 1906

Place of Burial .....

Date 190

Undertaker William H Woodress

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93058

City of Baltimore, (No. 1250, E. North Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Kidwell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 30 (Month) (Day) 1841 (Year)
AGE	64 years, 6 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	James Harper
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Martha Dodson
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Leclaymore

(Address) 1250 E. North Ave.

Filed 8/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about Dec 1 1905 to Aug 24 1906

that I last saw her alive on Aug. 22, 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Left Breast Axilla & Side

about a years (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) R. A. Clewell M. D.

Aug 24 1906 (Address) 1324 Hartford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 26th 1906
UNDERTAKER	ADDRESS
George Schilling & Son	1126 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93059

City of Baltimore, (No. 139, W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: March (Month) 12 (Day) 1888 (Year)

AGE: 18 years, 6 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert J Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Chore boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Hill Ave

Filed 8/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23rd (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to Aug. 23rd 1906 that I last saw h im alive on Aug 22nd 1906, and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 24 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jno. G. Lamp M. D.

Aug 24th 1906 (Address) 869 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel ~~Cemetery~~ Cemetery

DATE OF BURIAL: Aug. 25, 1906

UNDERTAKER: John A Bishop

ADDRESS: 1107 D. H.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93069

City of Baltimore, (No. 114 S Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Slivak

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: One of Twins (Month) (Day) 1 Year)
AGE: — years, 10 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant
BIRTHPLACE (State or country): Balto
FULL NAME OF FATHER: Emil Slivak
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER:
BIRTHPLACE OF MOTHER (State or country): Germany
OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother.
(Address) 114 S Bond St-

Filed 8/24 190 6
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1906 to Aug-23rd 1906 that I last saw h-r alive on Aug-23rd 1906, and that death occurred, on the date stated above, at 10. P M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Hy Gutherz M. D.
Aug-24 1906 (Address) 25 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Schwarz Cem.
DATE OF BURIAL: Aug 23 190 6
UNDERTAKER: Wendell Dippel & Son
ADDRESS: 3305 Bond St

WM. J. C. DULANY CO., BALTIMORE

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 93061

City of Baltimore, (No. 10, Jackson (Wavsely) St., Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Joseph Schissler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: December 20, 1905 (Month) (Day) (Year)	
AGE: ..... years, 8 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore city	
FULL NAME OF FATHER: Frank R. Schissler	
BIRTHPLACE OF FATHER (State or country): Baltimore city	
MAIDEN NAME OF MOTHER: Catherine Wagner	
BIRTHPLACE OF MOTHER (State or country): Baltimore city	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank R. Schissler

(Address) No. 10 Jackson st.

Filed 8/24 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1905 to August 23 1906

that I last saw h im alive on Aug 22, 1906,

and that death occurred, on the date stated above, at 12.40 P. M. The CAUSE OF DEATH was as follows:

Pneumonia due to defective nutrition from birth

Contributory ..... (DURATION) ..... DAYS

(Signed) ..... (DURATION) ..... DAYS

Aug 23, 1906 (Address) 1241 Harlem M. D.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery	DATE OF BURIAL: Aug 25 1906
UNDERTAKER: Henry Hauke & Bro	ADDRESS: 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 Registered No. B 93062

93062

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 W Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia L Tongue

{ Residence, if in Baltimore, Give Street and Number. } 1106 W Lafayette ave

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 16th 1896

AGE 10 years, 2 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Noble T Tongue

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E Procter

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B F Tongue

(Address) 1106 W Lafayette ave

Filed 8/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8/24 1906

I HEREBY CERTIFY, That I attended deceased from Ph. 8/23 1906 to 8/24 1906

that I last saw h alive on Aug 8/24 1906.

and that death occurred, on the date stated above, at 4m

M. CAUSE OF DEATH (Secondary or Immediate) Diabetis Mellitus

6 months (DURATION) DAYS

Contributory (Primary.) Diabetis

6 months (DURATION) DAYS

(Signed) O R Trimble M.D.

Address 816 Madison

Date 8/24 1906

Place of Burial Greenmount Cemetery

Date Aug 27 1906

Undertaker Stewart Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Trimble 816 Madison St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 3. *And be it further enacted and ordained*, That it shall be the duty of the Coroner, when the case comes under his notice, to furnish within the same time, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Statistics in the City of Baltimore.

Ward 7 — 93063 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mabel E. Woolard

{Residence, if in Baltimore, Give Street and Number.} 1803 W. Mulberry st

Duration of Residence in Baltimore 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 22 1885

AGE 20 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anne Arundel Co Md

FULL NAME OF FATHER Frank W. Jones

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida E. Bird

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) LE Elen F Woolard

(Address) 1803 W. Mulberry st

Filed 8/25 1906 HARRY ST ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 24 1906

that I last saw her alive on Aug 24 1906

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 26 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington St

Date Aug 25 — 1906

Place of Burial Davidsonville A. A. Co. Md.

Date Aug 26th 1906

Undertaker Stewart Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 93064 Registered No. B 93064

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 W. Schuter St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Novak

{ Residence, if in Baltimore, Give Street and Number. } 907 Schuter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Novak

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Novina

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Novak

(Address) 907 W. Schuter.

Filed 8/25 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 24th 1906 to Aug 24th 1906 that I last saw h.. alive on Aug 24 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Entiris Colitis

(DURATION) 4 DAYS

(Signed) Chas. B. Taylor M.D.

Address 838 N Broadway

Date Aug 24th 1906

Place of Burial Oakhill Park

Date Aug 25 1906

Undertaker Frank Novak

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93065 Registered No. B 93065

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Jenkins Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Hopper

{Residence, if in Baltimore, Give Street and Number.} 1209 Jenkins Alley

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Aug. 10 1906

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Dont Know Illegitimate

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Mary Hopkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hopper

(Address) 1209 Jenkins alley

Filed 8 25 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 24 1906 that I last saw h er alive on " 23 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) ..... DAYS

Con'ributory (Primary.)

Heat & Humidity (DURATION) ..... DAYS

(Signed) B Coppedge M.D.

Address 824 Eastern Ave

Date Aug 24 1906

Place of Burial Laurel

Date August 25 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93066 — Registered No. B 93066

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lula Goodacre

{Residence, if in Baltimore, Give Street and Number.} 234 Chestnut Ave

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): West Indies

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) .....

Filed 8/25 1906 — HENRY O. ARBERTS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1906

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to Aug 24 1906

that I last saw h.. alive on Aug 24 1906.

and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Wm. Lawrence Lee M.D.

Address Bay View Asylum

Date Aug 24 1906.

Place of Burial Mt. Auburn Cemetery

Date Aug 25 1906

Undertaker E. A. Elliott

Address 508 Roper Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 93067 Registered No. B 93067

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 873 Ramsay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eliza A Cassell

{ Residence, if in Baltimore, Give Street and Number. } 873 Ramsay St.

Duration of Residence in Baltimore. Life

B 93067

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5 1820

AGE: 86 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie R. Hall

(Address) 873 Ramsey st

Filed 8/25 1906 HARRY D. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 23 1906 that I last saw h[illegible] alive on Aug 23 1906, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Old age and General debility

(DURATION) 24 DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) Joseph E. Muse M.D.

Address 855 Columbia Ave

Date August 24 1906

Place of Burial Mt Olivet Cem

Date August 27 1906

Undertaker Wm J. Tickner & Sons

Address Eastden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93068 Registered No. B 93068

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Stein

{Residence, if in Baltimore, Give Street and Number.} 1118 Hollins st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 4 1863

AGE 42 years, 9 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Stein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helena Hamel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Helena Doberer

(Address) 1118 Hollins St

Filed 8/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1906

I HEREBY CERTIFY, That I attended deceased from May 10 1906 to Aug 24 1906 that I last saw him alive on Aug 24 1906, and that death occurred, on the date stated above, at 6 H. M. CAUSE OF DEATH (Secondary or Immediate.) Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.) Hæmoptysis

(DURATION) DAYS

(Signed) John L. Bonn M.D.

Address 1300 W. Lombard st

Date Aug 24 1906

Place of Burial Loudon Park

Date Aug 27 1906

Undertaker J. B. Cook

Address 1003 W. Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 93069 — Registered No. B 93069

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1850 Mc Henry St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William E. Harvey

{Residence, if in Baltimore, Give Street and Number.} 1850 Mc Henry St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 24 aug 1858

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J. Harvey

(Address) 1850 Mc Henry

Filed 8/25 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 24th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to date of death 1906 that I last saw h alive on Aug 22 1906 and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

Tuberculosis

Several years (DURATION) DAYS

Contributory (Primary.) Pneumonia

4 years ago (DURATION) DAYS

(Signed) Henry Jas Bayley M.D.

Address 1126 N. North Ave

Date Aug 25 1906

Place of Burial Loudon Park

Date Aug 25 1906

Undertaker Josiah Sifer

Address 760 N North Ave

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 93070 Registered No. B 93070

120

CERTIFICATE OF DEATH.

(Place of Death.) No The Chas. H. Hamblin Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth D. Hamblin

{Residence, if in Baltimore, Give Street and Number.} 1920 N. Payson St.

Duration of Residence in Baltimore 32 Years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1829

AGE 77 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) England —

FULL NAME OF FATHER — — Spring

BIRTHPLACE OF FATHER (State or country) England —

MAIDEN NAME OF MOTHER Elizabeth - Spring

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ross T. Hamblin

(Address) 1920 N Payson

Filed 8/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 24 1906 190

I HEREBY CERTIFY, That I attended deceased from July 6 1904 to August 24 1906 that I last saw her alive on August 24 1906, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease of Kidneys

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address N. Chas. St. Spring

Date Aug 24 — 1906

Place of Burial Loudon Park

Date Aug 27th 1906

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93071

City of Baltimore, (No. 1807, Oakley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt C. Goldsborough.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.	COLOR: W.
DATE OF BIRTH: Sept. (Month) 9 (Day) 1905 (Year)	
AGE: 1 year, 11 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto Md	
FULL NAME OF FATHER: Robt N. Goldsborough	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Mabel Ford	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt N. Goldsborough

(Address) 1807 Oakley

Filed 8/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 24 1906 that I last saw h alive on Aug 24 1906, and that death occurred, on the date stated above, at 2:30 A. M. The CAUSE OF DEATH was as follows:

Enteritis due to indigestion and Lot wreath

(DURATION) 5 DAYS

Contributory General prostration

(DURATION) 1 DAYS

(Signed) J Wesley Cole, M. D.

Aug 24 1906 (Address) 736 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem.	8/25 1906
UNDERTAKER: Crowley Bros	ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 2 93072 Registered No. B 93072

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Aliceanna St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rozalie Rychwalska

{ Residence, if in Baltimore, Give Street and Number. } 1720 Aliceanna st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 25 1898

AGE: 8 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton Rychwalski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josefa Zayalowicz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Rychwalski

(Address) 1720 Aliceanna st

Filed Aug. 25 1906 HARRY M. ABRAMS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1906

I HEREBY CERTIFY, That I attended deceased from August 20 1906 to August 24 1906 that I last saw h[illegible] alive on August 24 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

meningitis Cerebral (DURATION) 16 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 5 DAYS

(Signed) S. J. Rzewalski M.D.

Address 722 S. Ann st

Date August 25 1906

Place of Burial St Stanislaus

Date Saturday Aug 25 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 93073 Registered No. B 93073

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Skoff

{Residence, if in Baltimore, Give Street and Number.} 814 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	October 9 1893
AGE	9 years, 9 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	John Skoff
BIRTHPLACE OF FATHER (State or country)	New Jersey
MAIDEN NAME OF MOTHER	Irene Vojjakouska
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Skoff

(Address) 814 S. Bond

Filed Aug 25 1906 HARRY O'ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 190 to Aug 25th 1906 that I last saw h alive on 22 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 30 DAYS

(Signed) J. Dennis M.D.

Address 1733 Bank

Date Aug 25th 1906

Place of Burial Holy Rosary C

Date Monday Aug 27" 1906

Undertaker M. F. Gadowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 93074

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Walch

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 1 yr. 3 mo. 14 da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	38 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Not known
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hosp.

Filed Aug 26th 1906

[ILLEGIBLE PERMIT CLERK]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24th 1906

I HEREBY CERTIFY, That I attended deceased from May 10 1905 to Aug. 24 1906 that I last saw h im alive on Aug. 24 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Emphysema

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date Aug. 25 1906

Place of Burial New Cathedral

Date Aug 26th 1906

Undertaker H. E. Hughes

Address 17 & Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93075

City of Baltimore, (No. 1241 Mc. Elderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosie Rothstein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.	COLOR: W.
DATE OF BIRTH: 1 (Month) (Day) (Year)	
AGE: ~~years~~, 11 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: Louis Rothstein	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Celia Isaacson	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Rothstein

(Address) 1241 Mc Elderry st.

Filed Aug 26 1906 HARRY J. ANDREWS CITY REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 21. 1906 to Aug 24 1906 that I last saw h e alive on Aug. 24 1906, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Gastroenteritis

(DURATION) 7 DAYS

Contributory —

(DURATION) DAYS

(Signed) Samuel Amberg M. D.

Aug. 25 1906 (Address) Johns Hopkins Hosp. City.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Phila rd Rose dale	aug 25 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Sow

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93075

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93076

City of Baltimore, (No. 407, Augusta St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruben Katzman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Israel Katz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Dinie Manesoff

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Levin

(Address) 407 Augusta st

Filed Aug 26 1906

[illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1, 1906 to Aug 25 1906

that I last saw him alive on Aug. 21 1906,

and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Epithelioma of Larynx

8 months (DURATION) , DAYS

Contributory Exhaustion

8 months (DURATION) DAYS

(Signed) A. D. Macdonald M. D.

Aug 25 1906 (Address) 501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Ratkerman	Aug 26 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lombard st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

Registered No. B 93077

93077

CERTIFICATE OF DEATH.

(Place of Death.) No. 343 S Fremont av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Michael McNaney

{Residence, if in Baltimore, Give Street and Number.} 343 S Fremont av

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 8th march 1891

AGE: 15 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John J McNaney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: anna Mary Baumiller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. McNaney

(Address) 343 S Fremont av

Filed Aug 26th 1906

F. X. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 25th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Aug 25 1906

that I last saw h alive on aug 24 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Osteo-myelitis of the femur

..... (DURATION) 11 DAYS

Contributory (Primary.) Typhoid fever (DURATION) 10 DAYS

(Signed) Harry Boyd M.D.

Address 602 Column Ave

Date Aug 25 1906

Place of Burial Bonnie Brae Cemetery

Date Aug. 27th 1906

Undertaker James Dignan & Son

Address 757 W. Hamburg St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93078

Registered No. B 40

City of Baltimore, (No. 619, W Hamburg St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Jaeger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: White

DATE OF BIRTH: August 24 1857 (Month) (Day) (Year)

AGE: 49 years, 4 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Jaeger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jaeger

(Address) 619 W Hamburg St

Filed Aug 26 1906. F. X. D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Aug 25 1906 that I last saw h in alive on Aug 24 1906, and that death occurred, on the date stated above, at 8 a M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

(DURATION) 120 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Edw Grumpton M. D.

Aug 25 1906 (Address) 5 E Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Louden Park Cemetery	Aug 27 1906
UNDERTAKER	**ADDRESS**
L Ritz, Jr 2336	E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the *cause and date of death.*

Ward W 24 S. Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James A. McLaughlin

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum

Duration of Residence in Baltimore.

B 93.079

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 69 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing'l

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 26 1906

Registrar

7 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug 25 1906 that I last saw h.. in alive on Aug 25 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Con'tributory (Primary.) Chronic Diffuse nephritis (DURATION) DAYS

(Signed) Stuart Gentry M.D.

Address

Date Aug 25" 1906

Place of Burial Sacred Heart Cem.

Date August 26" 1906

Undertaker. Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 93080

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 103 Bartlett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos Lee

{Residence, if in Baltimore, Give Street and Number.} 103 Bartlett St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hayes

(Address) 206 W. Hill St

Filed Aug 26 1906. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Has been attended by a Physician

Duration of last illness (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P J Mantz M.D.

Address Corner

Date Aug 26 1906

Place of Burial Mt Auburn Cemetery

Date August 26 1906

Undertaker Chas. A. Frazier

Address 206 W. Hillstreet

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93081 — Registered No. B 93081

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 Saulsbury alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R Dodson

{Residence, if in Baltimore, Give Street and Number.} 46 Saulsbury alley

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ....1....

AGE 36 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER Richard Dodson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Adaldaz Dodson

BIRTHPLACE OF MOTHER (State or country) Wisconsin

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Fortune

(Address) 46 Saulsbury

Filed Aug 26 1906

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1906

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease

....(DURATION) ....DAYS

Con'tributory (Primary.) ....

....(DURATION) ....DAYS

(Signed) Thomas Lyda Turner M.D.

Address 320 N Greene St

Date ....190....

Place of Burial Laurel Cemetery

Date Aug 27th 1906

Undertaker Feby B. Pue

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 93082 — Registered No. B 93082

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 Pierce — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clarence Henry

{Residence, if in Baltimore, Give Street and Number.} 802 Pierce St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Apl 14th 1904

AGE: 2 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Henry

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mable Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mable Smith

(Address) 802 Pierce St.

Filed Aug 26 1906 — HEALTH DEPARTMENT PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 24 1906 to Aug 25 1906, that I last saw him alive on Aug 24 1906 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 30 DAYS

Contributory (Primary) Whooping Cough (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Balto Aug 26th 1906.

Place of Burial Mt. Auburn Cem.

Date Aug 26 1906

Undertaker Felix P. Pyle

Address 102 S. Mulberry St

Funeral Aug 26 - 3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93083 — Registered No. B 93083

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Hilda Streicher

{Residence, if in Baltimore, Give Street and Number.} 1005 Watson st.

Duration of Residence in Baltimore. 6 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Dilgle Pinesman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Lowenthal

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Pinsman

(Address) 8 N Exeter st.

Filed Aug. 27 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1906 to Aug 26 1906 that I last saw her alive on Aug 26 1906, and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 14 DAYS

Contributory (Primary) Pty Pneumonia

Grandparalysis (DURATION) 60 DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Aug. 26th 1906

Place of Burial Philip Bd Henrum

Date August 27, 1906

Undertaker Max Levinson

Address 1138 Lowst.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 93084

18

CERTIFICATE OF DEATH.

(Place of Death.) No. Jud. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. O. Flowers.

{ Residence, if in Baltimore, Give Street and Number. } ———

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Oct 19 1847

AGE 58 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Delaware.

FULL NAME OF FATHER Henry H. Flowers.

BIRTHPLACE OF FATHER (State or country) Delaware.

MAIDEN NAME OF MOTHER Mary ~~Hostetter~~ Price Bride

BIRTHPLACE OF MOTHER (State or country) Delaware.

OCCUPATION OF DECEASED Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry H. Flowers

(Address) Centerville, Md.

Filed 8/27 1906 HARRY M. ALBERTSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 26 1906 that I last saw h~~im~~ alive on Aug 26 1906 and that death occurred, on the date stated above, at 3-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

? (DURATION) ? DAYS

Contributory (Primary.) Cardiac failure.

(DURATION) 2 DAYS

(Signed) E. E. Langley M.D.

Address Jud. Gen. Hospital

Date Aug 26, 1906

Place of Burial Centreville Md.

Date Aug 27" 1906

Undertaker Wm J Tickner & Sons

Address 425 So Caroline St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93085

City of Baltimore, (No. 704, Gold St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie Palmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1876 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert County Md

FULL NAME OF FATHER: Abraham Essex

BIRTHPLACE OF FATHER (State or country): Calvert County Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Calvert County Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F. J. Palmer

(Address) 704 Gold St

Filed 8/27 1906 HARRY W. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 3rd Aug 1906 to 24th Aug 1906

that I last saw h er alive on Aug 24 1906,

and that death occurred, on the date stated above, at 8.55 A. M. The CAUSE OF DEATH was as follows:

Malaria Fever and Tonsilitis

about (DURATION) 28 DAYS

Contributory Weakness (DURATION) DAYS

(Signed) D W E Cawthorne M. D.

Aug 24 1906 (Address) 1365 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Aug 27 1906

UNDERTAKER: Geo H Hooper | ADDRESS: 909 Little Rock

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93086

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93086

City of Baltimore, (No. 310, S. Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Betty Strehlau

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 22 (Day) 1834 (Year)

AGE: 72 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Do Not Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Do not Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. W. Strehlau

(Address) 310 S. Pulaski.

Filed 8/27 1906 HARRY O. ANDREWS, [illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 24th. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1906 to Aug. 24 1906

that I last saw her alive on Aug 23 1906,

and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Pneumonia

Old age and General debility (DURATION) 5 DAYS

Contributory (DURATION) DAYS

(Signed) A. W. Slater M. D.

Aug 24 1906 (Address) 1703 W Baltr

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 27 1906
UNDERTAKER	ADDRESS
Mrs. Geo. P. Paulus	216 Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 93087

93087

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert a Fries

{ Residence, if in Baltimore, Give Street and Number. } 611 S Wolfe St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 23 1859

AGE: 47 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John A. Fries

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frances Fischer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fries

(Address) 611 S. Wolfe St.

Filed 8/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to Aug 23 1906 that I last saw h-im alive on Aug 23 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) — DAYS

Contributory (Primary) Pulmonary Hemorrhage (DURATION) — DAYS

(Signed) John Roth M.D.

Address 6007 Eastern av,

Date Aug 27 1906

Place of Burial Oakland Cem.

Date Aug 27 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93088

City of Baltimore, (No. 930, Binney St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth May Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 13 (Day) 1906 (Year)

AGE — years, 3 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Trenton N. J.

FULL NAME OF FATHER Samuel Webb

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Lynch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Webb

(Address) 930 Binney St

Filed 5/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 25th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1906 to Aug 25th 1906 that I last saw h[er] alive on Aug 25th 1906, and that death occurred, on the date stated above, at 13 P. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(DURATION) 4 DAYS

Contributory Convulsions

(DURATION) one DAYS

(Signed) D.W. Jones M. D.

Aug 26/06 1906 (Address) 3116 O'Donnell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Carmel Cem. | DATE OF BURIAL Aug 27 1906

UNDERTAKER L. Sander & Sons | ADDRESS 170 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 93089 Registered No. B 93089

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1303 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oliver C. Warfield

{Residence, if in Baltimore, Give Street and Number.} 206 E. 20th St

Duration of Residence in Baltimore. 37 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Warfield

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Thompson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Warfield

(Address) 711 W. Lafayette ave.

Filed 8/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190— to 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 12-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. V. Hopkins M.D.

Address 408 E. Eutaw St. Coroner

Date Aug. 27, 1906

Place of Burial Mt Olivet Cemetery

Date Aug 27 1906

Undertaker Wm J Luckett & Son

Address Cathedral & Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93090 — Registered No. B 93090

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CERTIFICATE OF DEATH.

(Place of Death.) No. 850 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Reed

{Residence, if in Baltimore, Give Street and Number.} 850 Columbia Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: March 10 1905

AGE: ..... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: c

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Reed

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie E. Myers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: c

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Reed.

(Address) 850. Columbia Ave.

Filed 8/27 1906 — AGENT OF REGISTRAR, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 — 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to Aug 25 1906 that I last saw h e alive on August 24 1906 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea and Enteritis

(DURATION) 25 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) Jos E Munro M.D.

Address 855 Columbia Ave

Date Aug 25 1906

Place of Burial Baltimore Cem

Date August 27 1906

Undertaker Jos. Loerdans. Son

Address 217 S. Pea e

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93091

City of Baltimore, (No. 1604, N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. D. Emering

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 52 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: G. C. Simering

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaretta Mosher

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. K. Semering

(Address) 1604 N. Gilmor St

Filed 8/27 1906 CHIEF OF BUREAU OF VITAL STATISTICS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Augst 14 1906 to Aug 25 1906

that I last saw h er alive on Augst 24 1906;

and that death occurred, on the date stated above, at 7 40 a. m. The CAUSE OF DEATH was as follows:

Phlebitis - in Mentally weak — Mental condition existed for some years

(DURATION) ..... DAYS

Contributory Gangrene in foot (left) and leg both (DURATION) 12 DAYS

(Signed) W. T. Kemp M. D.

Aug 25 1906 (Address) 8 W. 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Augst 27 1906

UNDERTAKER: Jos Jourdan Son — ADDRESS: 217 S. Pea[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93092 — Registered No. B 93092

CERTIFICATE OF DEATH.

(Place of Death.) No. .THE JOHNS HOPKINS HOSPITAL St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name .BERNARD MEYER.

{Residence, if in Baltimore, Give Street and Number.} .104 W. CROSS ST.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: .November 13 1884 ~~1906~~

AGE: 21 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Clements Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizebeth Winter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .Wm. Meyer

(Address) .104 W. Cross St.

Filed 8/27/06 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: .August 26 1906 190

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Aug. 26 1906 that I last saw h in alive on Aug. 26 1906, and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism of Intestines

(DURATION) DAYS

Contributory (Primary) Mitral Insufficiency

(DURATION) DAYS

(Signed) John McF. Reynolds M.D.

Address Johns Hopkins Hospital

Date August 26 1906 190

Place of Burial Dr. Aschoners

Date August 29 1906

Undertaker Jos Stantchek

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 93093 Registered No. B 95095

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Fulling

{ Residence, if in Baltimore, Give Street and Number. } 826 S. Sharp St.

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7th 1826

AGE 80 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ~~Germany~~

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Catherine Woelk.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Fulling

(Address) 826 S. Sharp St.

Filed 8/27 1906 HARRY G. HUBNER, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1906

I HEREBY CERTIFY, That I attended deceased from April 2nd 1906 to Aug 26 1906

that I last saw h er alive on Aug 25th 1906, 9.45 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

(DURATION) 5 ~~DAYS~~ months

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) Chas L. Riedlenbaby M.D.

Address 918 S. Paca St.

Date August 26th 1906

Place of Burial Loudon Park.

Date Aug. 28th 1906

Undertaker Jno. H. Metz Jno. H. Deufel.

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93094

City of Baltimore, (No. 2109 W Pratt St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margarite Skaves

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 26 (Day) 1906 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Tony S. Kaves

BIRTHPLACE OF FATHER (State or country): Spartina

MAIDEN NAME OF MOTHER: Lillie Remmyer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Remmyer

(Address) 2109 W Pratt St

Filed 8/27 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 26, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1906 to Aug. 26, 1906 that I last saw her alive on Aug. 25 1906, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 14 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Dickey, M. D.

Aug. 26, 1906 (Address) 213 E. Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Aug 28" 1906
UNDERTAKER	**ADDRESS**
N. S. Sink	2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93095

Registered No. B

City of Baltimore. (No. 1036, W Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace L Hoffman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb. (Month) 12 (Day) 1879 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas A Hoffman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie V. Pligh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Hoffman

(Address) 1036 W. Saratoga St

Filed 8/27 1906

HARRY O'[illegible]
[illegible] CLERK]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 25th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1906 to Aug 24th 1906 that I last saw her alive on Aug 24th 1906, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Had Bright's Disease about 6 yrs ago but seemed for a time to have recovered. The attack was a recurrence, ailing 2 months (DURATION) ... DAYS

Contributory: Immediate cause Uremic poisoning (DURATION) 14 DAYS

(Signed) John L Pennington M. D.

Aug 26 1906 (Address) 1716 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Geo. Bruce

ADDRESS: 57 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93096

City of Baltimore, (No. 1307 N. Luzerne St St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis L Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Aug (Month) 24th (Day) 1906 (Year)

AGE: 73 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Mary Willis

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Book Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L. Smith

(Address) 1307 N. Luzerne St

Filed 8/27 1906 HARRY C. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8.10 1906 to 8.24 1906

that I last saw h in alive on 23. 1906,

and that death occurred, on the date stated above, at 6

8 M. The CAUSE OF DEATH was as follows:

Heart failure Mitral Reg.

Syncope. (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) Chas Beck M. D.

8 24 1906 (Address) Baltimore Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: West Point Va | DATE OF BURIAL: Aug 27 1906

UNDERTAKER: Geo. M. Fink | ADDRESS: 911 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93097

City of Baltimore, (No. 517 North Carrollton Av St.; XVII Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward R. Schumacher

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: April (Month) 4 (Day) 1889 (Year)

AGE: 17 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Carson Schumacher

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Buckheister

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carson Schumacher

(Address) 517 North Carrollton Av.

Filed 8/27 1906

HARRY O. ARNEST
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to August 25 1906

that I last saw him alive on August 25 1906

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Phthisis pulmonum

(DURATION) 90 DAYS

Contributory Pleuritis purulenta

(DURATION) DAYS

(Signed) A. M. A. Magruder M. D.

VIII/25 1906 (Address) 1618 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 93098 — Registered No. B 93098

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Staffard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rena R James

{ Residence, if in Baltimore, Give Street and Number. } 924 Staffard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH March 12 1904

AGE ..... years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Albert James

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Keaton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mrs E. James

(Address) 924 Staffard St

Filed 8/27 1906

HARRY G. [illegible]
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 26 1906 that I last saw her alive on Aug 26 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Spinal Life

(DURATION) DAYS

(Signed) J. C. Mahon M.D.

Address 1638 N Gilmor

Date Aug 27th 1906

Place of Burial Lowden Park

Date Tues. Aug. 28, 1906

Undertaker Wm Cook

Address 602 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

Registered No. B 93099

93099

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 Poultney St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Leona Weisman

{ Residence, if in Baltimore, Give Street and Number. } 19 Poultney

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 20 1905

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Aloysius Weisman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ida Cook

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius Weisman

(Address) 19 Poultney st.

Filed 8/27 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 25 1906 that I last saw h-- alive on Aug 22 1906, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ileo Colitis

Marasmus

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Burch M.D.

Address 828 N. Carroll St

Date Aug 27 1906

Place of Burial Holy Cross R.R. Co.

Date Aug 27 1906

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93100

City of Baltimore, (No. 614 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Davis

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Caroline Savoy

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundry & House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Smith

(Address) 614 Bradley St

Filed 8/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to ..... 190.....

that I last saw h[illegible] alive on Aug. 24 1906,

and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 10 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Wales M. D.

Aug 25 1906 (Address) 1711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 27 1906

UNDERTAKER: Felix B. Pyle — ADDRESS: 1028 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

Registered No. B 93101

93101

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 E. Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Linnehan

{ Residence, if in Baltimore, Give Street and Number. } 109 E. Centre St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chas Fuller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Wallis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lethie Bishop

(Address) 109 E. Centre St

Filed 8/27 1906

BUREAU OF VITAL STATISTICS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 405 N. Spring St.

Date Aug 27 1906

Place of Burial Mt Zion Cemetery

Date Aug 28 1906

Undertaker Felix B Pye

Address 102 E Montbary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 93102 — Registered No. B 93102

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Draper Lee

{Residence, if in Baltimore, Give Street and Number.} 124 S. Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored

DATE OF BIRTH Aug 2. 1

AGE ..... years, 58 ~~months~~, ... ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Worchester Co. Md.

FULL NAME OF FATHER Draper Lee

BIRTHPLACE OF FATHER (State or country) Worchester Co. Md

MAIDEN NAME OF MOTHER Nancy Jackson

BIRTHPLACE OF MOTHER (State or country) Worchester Co Md.

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adaline H. Dorsey.

(Address) 124. S. Caroline st

Filed 8/27 1906 — ROBERT T. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 — 1906

I HEREBY CERTIFY, That I attended deceased from Feb 18 — 1906 to Aug 24 — 1906 that I last saw him alive on Aug 24 1906, and that death occurred, on the date stated above, at 6/36 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 3 DAYS

Con'tributory (Primary.) Chronic Nephritis about 7 yrs

(DURATION) — DAYS

(Signed) W. C. Harris M.D.

Address 1344 Druid Hill Ave

Date Aug 25 — 1906

Place of Burial Laurel Md

Date Aug 27 1906

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93103 Registered No. B 93103

121

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Division St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Michael Bashman

{Residence, if in Baltimore, Give Street and Number.} 1410 Division St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Bashman

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bashman

(Address) 1416 Division St

Filed 8/27 1906 HARRY GE ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH august 26 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to August 25 1906

that I last saw h in alive on aug 25 1906,

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Kidney disease

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. B. Browne M.D.

Address 510 Park Ave

Date aug 27. 1906

Place of Burial St Peters Cem

Date Aug 29th 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93104

81

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93104

City of Baltimore, (No. 1807 N. Chanles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Tighlman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ~~46~~ 61. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Tilgman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Tilgman

(Address) 1807 N. Chanles

Filed 8/27 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 24 1906

that I last saw h~~im~~ alive on Aug 24 1906 at 9.30

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Asthma Tolerans

Hemiplegia 2 (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F J Neely M. D.

Aug 24 1906 (Address) 110 E Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Aug 28 1906

UNDERTAKER: W J Johnson | ADDRESS: 140 Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93105

Registered No. B.....

City of Baltimore, (No. 1834 Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 10 1823 (Month) (Day) (Year)

AGE: 82 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Clark

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Smith

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Clark

(Address) 3E. Barney St.

Filed 8/27 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Aug 26 1906

that I last saw him alive on Aug 26 1906,

and that death occurred, on the date stated above, at 1-30 P.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 14 DAYS

Contributory Difficulties of old Age (DURATION) DAYS

(Signed) R. E. L. Campbell M. D.

Aug 26 1906 (Address) 1644 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: National Cem't

DATE OF BURIAL: Aug 28 1906

UNDERTAKER: H. R. Ervington

ADDRESS: 1428 S Charles

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93106

City of Baltimore, (No. 2367 Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Wm. Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 10 (Day) 1906 (Year)

AGE: ~~years~~, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Munsey Robinson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna Lang.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Monrey Robinson

(Address) 2367 Francis St

Filed 8/27 1906 HARRY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1906 to Aug. 26 1906

that I last saw h[illegible] alive on Aug. 26 1906,

and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Diarrhoea — Exhaustion

(DURATION) 7 DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) Geo L. Wiellen M. D.

Aug 27 1906 (Address) 6 N. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Josiah Joyce & Son — ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93109 — Registered No. B 93109

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1804 Wilhelm St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Franklin McNamara.

{Residence, if in Baltimore, Give Street and Number.} 1804 Wilhelm St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: Feb 22 1906

AGE: ..... years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Carroll McNamara

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Mohl

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mohl

(Address) 1804 Wilhelm st

Filed 8/27 1906 HARRY [illegible] PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 23 1906 that I last saw h..im alive on Aug 23 1906, and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 30 DAYS

Contributory (Primary.) Marasmus

(DURATION) 30 DAYS

(Signed) Leo Karlinsky M.D.

Address 639 N. Patterson Park Ave

Date Aug 27 1906

Place of Burial Loudon Park

Date Aug 28 1906

Undertaker Josiah Seffen

Address 700 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 93108

93108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1941 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Isaac & Daisy Combs

Full Name Name not given yet

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Colored
DATE OF BIRTH	July 15th 1906
AGE	..... years, ... months, 39 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	✓
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Isaac Coombs
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Daisy Curtis
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Curtis Combs

(Address) 1941 D. Hill ave

Filed 8/27 1906 HARRY ST. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to Aug 26 1906 that I last saw h-m alive on Aug 26 1906, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

24 hrs (DURATION)

Contributory (Primary.) Exhaustion (DURATION) 4 hrs.

(Signed) Mark Ewazuer M.D.

Address 2220 Druid Hill Ave

Date August 26th 1906

Place of Burial Mt Auburn

Date Aug 27 1906

Undertaker Wm J Hemsley

Address 57 S Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93109 Registered No. B 93109

CERTIFICATE OF DEATH. 93109

(Place of Death.) No. 208 S. Norris St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert Henry Lancaster

{Residence, if in Baltimore, Give Street and Number.} 208 S. Norris st

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Jany 13" 1906
AGE	7 years, X months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	Wm Robert Lancaster
BIRTHPLACE OF FATHER (State or country)	Balto city
MAIDEN NAME OF MOTHER	Mary Jane O'Conner
BIRTHPLACE OF MOTHER (State or country)	Balto city
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lancaster

(Address) 208 S. Norris st

Filed 8/27 1906 HARRY G. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26" 1906

I HEREBY CERTIFY, That I attended deceased from Aug 19" 1906 to Aug 26" 1906 that I last saw h alive on Aug 26" 1906, and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) W Blauer M.D.

Address 110 S Gilmor st

Date Aug 26" 1906

Place of Burial London Park cem

Date 8-28th 1906

Undertaker Robt. Brooks & Son

Address S.E. Cor Calhoun & Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 93110 — Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. Outhouse near Calvert Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Struck by train near Rockland

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 or 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not known

BIRTHPLACE (State or country): " "

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/27 1906 HARRY M. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1906 to Aug. 8 1906

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain

(DURATION) — DAYS

Contributory (Primary) Struck by

M.C. train at Rockland (DURATION) — DAYS

(Signed) B.S. Hardman, agent M.D.

Address 408 N. Eutaw St

Date Aug. 25, 1906

JOHNS HOPKINS HOSPITAL

Place of Burial

Date AUG 25 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 20

93111

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93111

City of Baltimore, (No. N.T.C. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Snyder.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. (Month) 25 (Day) 1905 (Year)

AGE: ..... years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. M. Stein.

(Address) N.T.C. Hospital

Filed 8/27 1906 HARRY ST. AMBROSE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to Aug 16 1906 that I last saw him alive on Aug 16 1906, and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

marantic from birth.

(DURATION) Life DAYS

Contributory Exhaustion.

(DURATION) ..... DAYS

(Signed) John Smith M. D.

1906 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: AUG 25 1906 190

UNDERTAKER: Commissioner Health

ADDRESS: Health Depot

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

225

Morgue

2

deceased, and the **cause and date of death.**

Ward ..... 93112 Registered No. B 93112

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Crust

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH ..... 1 .....

AGE about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/2- 1906 HARRY ST. ANDREWS, PERMIT CLERK. Registrar

2-29

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 19 1906 to Aug 22 1906 that I last saw h[illegible] alive on Aug 20 1906, and that death occurred, on the date stated above, at 1-00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 3 DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) E. C. Dunglison, M.D.

Address Md. Gen. Hospital

Date Aug 22, 1906

Place of Burial JOHN'S HOPKINS HOSPITAL AUG 27 1906

Date 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

2-2

Ward 8

Registered No. B 93113

93113

105

CERTIFICATE OF DEATH.

(Place of Death.) No 1k Thomas Wilson Sometown St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Grube

{ Residence, if in Baltimore, Give Street and Number. } 1804 N. Bethel St

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/27 1906 HARRY M. ASHBY PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 23 1906

that I last saw h[illegible] alive on Aug 23 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 60 DAYS

Contributory (Primary.) Dyspepsia chronica

(DURATION) ..... DAYS

(Signed) J. Henry Whilldin M.D.

Address 809 E. Fayette Ave Baltimore

Date Aug 25. 1906

Place of Burial JOHNS HOPKINS HOSPITAL AUG 27 1906

Date ..... 190 .....

Undertaker Department Health

Address Health department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

29

Ward 1

93117

Registered No. B 93117

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 Barnes St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Dick

{ Residence, if in Baltimore, Give Street and Number. } 1611 Barnes St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Aynek Dick

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Sketa

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aynek Dick

(Address) 1611 Barnes

Filed 8/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) One DAYS

(Signed) William J. Rysewyck M.D.

Address 2008 Ashland ave

Date Aug. 26. 1906

Place of Burial St. Alphonsus

Date Aug 27 1906

Undertaker Frank Grach

Address 904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 — 93115 — Registered No. B 93115

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Inf'y. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sallie Parker

{Residence, if in Baltimore, Give Street and Number.} 12 Prospect Terrace. East Orange N.J. U.P.I. Baltimore No. 1

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Oct 4th 1901

AGE: 4 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): East Orange N. J.

FULL NAME OF FATHER: John Scott Parker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice Lee

BIRTHPLACE OF MOTHER (State or country): Bel Air Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. C. Lee

(Address) 12 East Lexington Balto

Filed 8/27 1906 HARRY M. ARNESS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27 1906

I HEREBY CERTIFY, That I attended deceased from July 30 190 to Aug 27 1906 that I last saw her alive on Aug 27 1906, and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction.

(DURATION) DAYS

Contributory (Primary) Appendicitis & peritonitis (DURATION) DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Protestant Inf.

Date August 27 1906.

Place of Burial Bel Air Maryland

Date August 28th 1906

Undertaker H. W. Jenkins & Sons Co

Address 233 N. Saratoga St Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93116 — Registered No. B 93116

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Vollmer

{Residence, if in Baltimore, Give Street and Number.} 1333 E Lanvale

Duration of Residence in Baltimore. 75 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	January 3rd 1830
AGE	76 years, 7 months, 24 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Nicholas Eckert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dorothy ~~Stalker~~
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Boone

(Address) 1343 E Lanvale st

Filed 8/27 1906 HARRY [illegible] ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	August 27 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Aug 25 1906 that I last saw her alive on Aug 25 1906 and that death occurred, on the date stated above, at 5.50 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of liver

6 months (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Vaeley N

Date Aug 27 1906

Place of Burial Lorraine Cemetery

Date August 29th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

W. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 93117 — Registered No. B 93117

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Grebe

{Residence, if in Baltimore, Give Street and Number.} 112 N Luzerne St

Duration of Residence in Baltimore. Entire Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: December 17 1852

AGE: 53 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: Henry Grebe

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Elizabeth Zottman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F Grebe

(Address) 112 N. Luzerne St

Filed 8/27 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 24 1906

that I last saw him alive on Aug 24 1906,

and that death occurred, on the date stated above, at 2-04 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Laryngitis

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J W Cathell M.D.

Address 1308 N Charles St

Date Baltimore Aug 25 1906

Place of Burial Holy Sepulchre

Date Aug. 28 1906

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93118

City of Baltimore, (No. 302 E. 21st St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Georgia A. Schley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 2 (Day) 1852 (Year)

AGE: 53 years, 9 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: John T Schley

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Sophia M Hallar

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred C. Schley

(Address) 302 E 21st St

Filed 8/27 1906

HARRY [illegible] ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 26 1906 that I last saw h alive on Aug 26 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 30 min DAYS

Contributory Myocarditis, Enlargement of Heart & Sclerotic Arteris (DURATION) DAYS

(Signed) Benj F. Phillips M. D.

Aug 26 1906 (Address) 1929 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Frederick Md

DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 Registered No. B 93119

93119

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert E Thompson

{ Residence, if in Baltimore, Give Street and Number. } 2205 Eutaw Place

Duration of Residence in Baltimore. Practically all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 6 1848

AGE: 57 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Septimus Thompson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah L. Greene

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. A. Kemp for family.

(Address) 8 W 25th. St.

Filed 8/27 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25th 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Aug 25 1906

that I last saw h... alive on Aug 26 1906

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Brights.

(DURATION) DAYS

Con'ributery (Primary.) uraemia

(DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 25th

Date Aug 25 1906

Place of Burial Green mount Cemetery

Date August 28th 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93120 — Registered No. B 93120

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Joseph & Mary E. Ruth

{Residence, if in Baltimore, Give Street and Number.} 527 E Clement St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 8. 25 1906

AGE — years, 5th Interpolated months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joseph Ruth

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary E Trumpler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Ruth

(Address) 527 E. Clement St.

Filed 8/27 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1906

I HEREBY CERTIFY, That I attended deceased from 8.25 1906 to 8.25 1906

that I last saw h— alive on 8.25 1906,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

Lived 3 hours (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) L J Burlington M.D.

Address 1518 Fort Ave

Date 8/26 1906

Place of Burial Western Cem

Date Aug 27th 1906

Undertaker E Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93121

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93121

City of Baltimore, (No. 115, E Fort Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Adaline Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1858
(Month) (Day) Year)

AGE 48 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER ~~Unknown~~

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Phillips

(Address) 115 E Fort Av

Filed 8/27 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Aug 26 1906

that I last saw her alive on Aug 25 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) 55 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J H Gunkam M. D.

Aug 27 1906 (Address) 1323 Eighth

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mount Olivet | DATE OF BURIAL 29 Aug 1906

UNDERTAKER J E Evans Son | ADDRESS 1428 Eshaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

93122

Registered No. B 93122

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 Potter Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Elsisholm.

{ Residence, if in Baltimore, Give Street and Number. } 746 Potter Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 25 th 1880

AGE: 26 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Daniel Elsisholm

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Ellen Fitzgibbons

BIRTHPLACE OF MOTHER (State or country): Wales

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Elsisholm

(Address) 746 Potter Ave

Filed 8/27 1906 HARRY ST. ANDREWS PERIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27 th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 th 1906 to Aug 27 1906 that I last saw him alive on Aug 25 th 1906, and that death occurred, on the date stated above, at 5.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis
asthenia & Collapse
14 Days
(DURATION) DAYS

Contributory (Primary.)
(DURATION) DAYS

(Signed) Wm H. Faddeman M.D.

Address 808 1st Ave

Date Aug 27 th 1906

Place of Burial Mount Carmel Cem.

Date Aug 29 th 1906

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93123

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93123

City of Baltimore, (No. 1425 N. Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~James~~ Albin Rogers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 21 1905 (Month) (Day) (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Walter Rogers

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clemmie Ehler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Rogers

(Address) 1425 Fulton ave —

Filed 8/27 1906

HARRY O'ANDRUSS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1906 to Aug 26 1906 that I last saw him alive on Aug 25 1906, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 3 Mos. ~~DAYS~~

Contributory —

(DURATION) — DAYS

(Signed) Claude Stonesifer M. D.

Aug 26 1906 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Reuters Town Md — DATE OF BURIAL: Aug 27 1906

UNDERTAKER: John E Haught — ADDRESS: 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

93124

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93124

City of Baltimore, (No. 1918 W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas Albrecht

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 17 1831 (Month) (Day) (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Albrecht

(Address) 1918 W. Pratt St.

Filed 8/28 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Aug 27 1906 that I last saw h[e] alive on Aug 27 1906, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Cerebro Apoplexy

Contracted Kidneys 3 yrs (DURATION) DAYS

Contributory Acute Cardiac Dilatation (DURATION) 3 hrs DAYS

(Signed) Howard Kelly M. D.

(Address) 8/27 1906 302 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	Aug 29 1906
UNDERTAKER	**ADDRESS**
C. F. McCormick	1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93125

City of Baltimore, (No. 1226 W. Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Martha J. Lannay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 29 (Month) (Day) 1819 (Year)

AGE: 86 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Harford Co. Md.

FULL NAME OF FATHER: Thomas Marshall

BIRTHPLACE OF FATHER (State or country): Cecil Co. Md.

MAIDEN NAME OF MOTHER: Sarah McCleave

BIRTHPLACE OF MOTHER (State or country): Harford Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joannah Marshall

(Address) 1226 W. Lafayette

Filed 8/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 26 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1896 ~~190~~ to Aug. 26 1906 that I last saw h[er] alive on Aug. 24 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Died suddenly of Lent Jaundice

(DURATION) DAYS

Contributory - Arteriosclerosis of Nephritis (DURATION) 10 Years ~~DAYS~~

(Signed) J. M. H. Rowland M. D.

Aug. 26 1906 (Address) 1304 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug. 29 1906

UNDERTAKER: Edw. Mitchell

ADDRESS: 1301 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 93126 Registered No. B 93126

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Susan W. Edwards

{ Residence, if in Baltimore, Give Street and Number. } 15th & Pearce Ave. Woodbrook Md.

Duration of Residence in Baltimore. 36 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feby 6 1862

AGE: 44 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: John L. Edwards

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Susan H. Mapheus

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~G. W. S. Musgrave~~

(Address) 711 Fidelity Bldg.

Filed 8/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 27 1906

I HEREBY CERTIFY, That I attended deceased from Aug 9 1906 to Aug 27 1906 that I last saw h alive on Aug 27 1906, and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis & Acute Dilitation

(DURATION) DAYS

Contributory (Primary) Typhoid fever (DURATION) DAYS

(Signed) Geo. H. Musgrave M.D.

Address St. Joseph's Hospital

Date August 27 1906

Place of Burial Washington D.C.

Date Aug. 29 1906

Undertaker E. W. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93127.

City of Baltimore, (No. 249 Rogers Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Perlman

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH Aug. (Month) 6. (Day) 1902 (Year)

AGE ——— years, ——— months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Morris Perlman.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Dentzberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Perlberg

(Address) 249 Rogers Ave.

Filed 8/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 28th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug 19 1906 that I last saw him alive on Aug 19 1906, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Cause

Marasmus

Acute Indigestion.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. Hirschberg M. D.

Aug. 28 1906 (Address) 902 E. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philip Rod Rosedale | DATE OF BURIAL Aug 28 1906

UNDERTAKER Wm Henderson | ADDRESS 1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

93128

Registered No. B 93128

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CERTIFICATE OF DEATH.

(Place of Death.) No. 215 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Viola Morgan 6

{Residence, if in Baltimore, Give Street and Number.} 215 N. Henrietta St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: October 20 1905

AGE: — years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Morgan

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Burke

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Morgan (mother)

(Address) 215 N Henrietta St

Filed 8/28 1906

HARRY C. JENKINS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Weinhardt M.D.

Address Coroner

Date Aug 28 190 6

Place of Burial Mt Auburn

Date Aug 28—06 190 ....

Undertaker Robert Trader

Address 326 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

Registered No. B 93129

93129

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 857 Lemon St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name David Dorman

{Residence, if in Baltimore, Give Street and Number.} 857 Lemon St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	colored
DATE OF BIRTH	Jan 20 1889
AGE	17 years, 7 months, 6 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Bal md
FULL NAME OF FATHER	Robert Darman
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Mary Cherry
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mary Durman

(Address) 857 Lemon st

Filed 8/28 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Aug 26 1906, that I last saw h-- alive on Aug 26 1906, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edward Smith M.D.

Address 538 Hanover St

Date Aug 27 1906

Place of Burial Mt Auburn

Date Aug 28 1906

Undertaker Jno W Loudenslager

Address Locust Point Sta

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93130 Registered No. B 93130
136

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 N. Washington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth L Jubb

{Residence, if in Baltimore, Give Street and Number.} 13 N. Washington St

Duration of Residence in Baltimore 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 7th 1882

AGE: 24 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Joseph W. Lawton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rodie Ehard

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellsworth Jubb

(Address) 13 N. Washington St.

Filed 8/28 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23rd 1906 to Aug 26th 1906 that I last saw her alive on Aug 26th 1906, and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus, (Lock-Jaw)

(DURATION) DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Maunsell Rowe M.D.

Address 1833 E Baltimore St

Date August 26th 1906

Place of Burial Home Cem Co.

Date Aug 29 1906

Undertaker H Sands Son

Address 1710 Canton Ave

Dr. Rowe stated over the Phone the Cause was Miscarriage

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93131 Registered No. B 93131

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharina Elizabeth Wemrench

{ Residence, if in Baltimore, Give Street and Number. } 2114 E. Lombard St.

Duration of Residence in Baltimore. 57 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 16th 1840

AGE: 66 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George H. Muesse

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie A. Berkelbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Niemann

(Address) 2114 E. Lombard St.

Filed 8/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26, 1906.

I HEREBY CERTIFY, That I attended deceased from August 24, 1906 to August 26, 1906 that I last saw her alive on August 26, 1906, and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia

(DURATION) 3 DAYS

Contributory (Primary.) Umbilical Hernia (DURATION) ? DAYS

(Signed) S. Lee Magness M.D.

Address 1244 N. Gay St.

Date August 27, 1906.

Place of Burial Baltimore Co.

Date Aug. 29th 1906.

Undertaker Henry Bauer & Son.

Address 1710 Carton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

93132 Registered No. B 93132

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Reed

{ Residence, if in Baltimore, Give Street and Number. } 814 walnut st.

Duration of Residence in Baltimore. From year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1886

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thos. Reed

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lizzie Ward

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Houseward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Reed

(Address) 814 N. Whatcom St

Filed 8/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 26th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bardin M.D.

Address Two Log. am. (County)

Date Aug. 27th 1906

Place of Burial Mt. Olivet Cem.

Date August 28 1906

Undertaker Sam'l L. Chase

Address 10 N. N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93133

40

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93133

Registered No. B.....

City of Baltimore, (No. 1615 N. Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Hagermann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Nov. 8. (Month) 1841 (Day) (Year)	
AGE: 64 years, 9 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hagermann

(Address) Gainsborough

Filed 8/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to August 26 1906

that I last saw h alive on Aug 25 1906,

and that death occurred, on the date stated above, at 3.40 P. M. The CAUSE OF DEATH was as follows:

Cancer of Liver

9 months (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. H. Pearce M. D.

Aug 27 1906 (Address) 1105 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 29 1906
UNDERTAKER	ADDRESS
Wm Gev. P. Paulus	2101 Fred'k Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93134

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93134

Registered No. B

City of Baltimore, (No. 1930, Mc Cullough St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nicolai Lippmanowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1848 (Year)

AGE: 58 years, ____ months, ____ days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Lippmanowitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: (Business) Jewelry Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Kahn

(Address) 1916 Mt Royal Terrace

Filed 8/28 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1st, 1905 to Aug 26 1906 that I last saw him alive on Aug 25 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus (DURATION) 300 DAYS

Contributory, Chronic interstit. nephritis (DURATION) 120 DAYS

(Signed) S Kahn M. D.

Aug 26 1906 (Address) 1916 Mt Royal Ter

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pikesville Hebrew Cem

DATE OF BURIAL: Aug 28 1906

UNDERTAKER: J Ahrens & Co

ADDRESS: 754 N Eutaw St

MARY O. ANDREWS PERMIT CLERK

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

93135

Registered No. B 93135

159

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Synagogue, Eutaw & Lanvale St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gilbert R. Walter

{Residence, if in Baltimore, Give Street and Number.} Cecil Apartment

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 10th 1854

AGE: 51 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: ~~Gilbert~~ Raphael Walter

BIRTHPLACE OF FATHER (State or country): Bavaria Germany.

MAIDEN NAME OF MOTHER: Rachael

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abram Walter

(Address) Mount Holly Line

Filed 8/28 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 27th 1906

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Concussion

Haemorhage from

Pistol shot

Killed instantly (DURATION) ..... DAYS

Contributory (Primary.) Suicide

(DURATION) ..... DAYS

(Signed) Silas Bardman M.D.

Address 700 Laf. Ave. Corner,

Date Aug. 27th 1906

Place of Burial Baltho Hebrew Cemetery

Date August 29 1906

Undertaker J. Kraus Co

Address 154 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93136

City of Baltimore, (No. 1834 E. Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John M. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 3 1837 (Month) (Day) (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. W. Baker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Baker

(Address) 1834 E. Chase.

Filed 8/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1906 to Aug. 27 1906

that I last saw him alive on Aug 27 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach. 8 months. (DURATION) DAYS

Contributory Intussusception (DURATION) Recent DAYS

(Signed) H. L. Glen M. D.

Aug. 28 1906 (Address) 1731 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loraine — DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Walter W. Ellis — ADDRESS: 701 Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 12

93137 Registered No. B 93137

41

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Nolan

{Residence, if in Baltimore, Give Street and Number.} 30th and Remington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 64 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Finland

FULL NAME OF FATHER John Nolan

BIRTHPLACE OF FATHER (State or country) Finland

MAIDEN NAME OF MOTHER Ellen Nolan

BIRTHPLACE OF MOTHER (State or country) Finland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Judge

(Address) N. W. Cor 30th & Remington Ave

Filed 8/28 1906

...CLERK OF ARCHIVES
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Aug 27 1906 that I last saw ... alive on Aug 27 1906, and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate)

General Carcinosis

(DURATION) DAYS

Contributory (Primary) Carcinoma of Rectum

(DURATION) DAYS

(Signed) Elmer St Hopkins M.D.

Address St Joseph's Hospital

Date August 29 1906

Place of Burial St Mary's Govans

Date Aug 29 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93138 — Registered No. B 93138

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 423 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna McGregor.

{Residence, if in Baltimore, Give Street and Number.} 423 E. Chase St.

Duration of Residence in Baltimore. 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~1843~~

AGE ~~63~~ 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Gardner

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Sallie Craig.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert McGregor Pratt

(Address) 423 E Chase St

Filed 8/28 1906 HARRY O. ANDREWS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Aug. 26 1906

that I last saw h.. alive on Aug. 26 1906,

and that death occurred, on the date stated above, at 2 P. M. Aug 27

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach & Liver.

Six weeks. (DURATION) ..... DAYS

Contributory (Primary) Cancer. Ex clinic Probably about 6 years (DURATION) —— DAYS

(Signed) Alfred B. Giles M.D.

Address Forest Park.

Date Aug. 27th 1906

Place of Burial Greenmount CEMETERY.

Date AUG 22 1906 AUG 2 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93139 Registered No. B 93139

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1644 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Kaiss

{ Residence, if in Baltimore, Give Street and Number. } 1644 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 25 1905

AGE: 1 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas F. Kaiss

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence E. Prechtel

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F. Kaiss

(Address) 1644 E. Monument.

Filed 8/28 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUG 27 1906

I HEREBY CERTIFY, That I attended deceased from July 12 1906 to Aug 27 1906 that I last saw him alive on Aug 26 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enterocolitis

(DURATION) 15 DAYS

Contributory (Primary.) Obstruction (DURATION) 1 DAYS

(Signed) A. Smith M.D.

Address 1501 N Bond St

Date Aug 29 1906

Place of Burial Oak Lawn Cemetery

Date August 29th 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93140

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B93140

City of Baltimore, (No. 324 S. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Berman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Max Berman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Hanie Fischer

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Feinberg

(Address) 324 S. Bond St.

Filed 8/28 1906 HARRY O'K ANDREWS; DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8 1906 to August 27 1906 that I last saw him alive on August 3 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Louis Hamman M. D.

August 28, 1906 (Address) J. H. Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Woods Dale — DATE OF BURIAL: Aug 28 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93141

Ward 18

93141 Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 W. Lanvard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Stahl

{Residence, if in Baltimore, Give Street and Number.} 1126 N. Lanvard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antoni Hebbler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kathrian Hebbler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 1200 N. Lanvard

Filed 8/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26, 1906

I HEREBY CERTIFY, That I attended deceased from August 23, 1906 to August 26, 1906 that I last saw h[illegible] alive on August 26, 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis, (DURATION) 6 months

Contributory (Primary.) Epilepsy (DURATION) several years

(Signed) Albert L. Chandler M.D.

Address 614 S. Paca St

Date ..... 190...

Place of Burial Loudon Park

Date Aug 29th 1906

Undertaker John D. Fields

Address 1200 N. Lanvard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

EXTRACTS FROM REGULATIONS OF THE BOARD OF HEALTH TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

Ward 22

Registered No. B 93142

93142

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Shotts' Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Pinkney

{ Residence, if in Baltimore, Give Street and Number. } 406 Shotts Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Pinkney

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Solter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

.....H. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Aug 27 1906

Place of Burial

Date 190

Undertaker

Address Health Department

COLLEGE OF P. & S.
AUG 28 1906
Baltimore, Md.

BOARD OF AMBULANCE
PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

239

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 93143 — Registered No. B 93143

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Garret Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonarda Klimkofski

{ Residence, if in Baltimore. Give Street and Number. } 1408 Garret Av.

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH April 26 1906

AGE ..... years, 4 months ..... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED~~ OR DIVORCED

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Vladislav Klimkofski

BIRTHPLACE OF FATHER (State or country) Russia - Poland

MAIDEN NAME OF MOTHER Julia Terlitzki

BIRTHPLACE OF MOTHER (State or country) Russia - Poland

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Klimkofski

(Address) 1408 Garret Av

Filed Aug 29 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Aug 28 1906 that I last saw her alive on Aug 28 1906, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro. enteritis (DURATION) 16 DAYS

Contributory (Primary.) asthenia (DURATION) DAYS

(Signed) Skahn M.D.

Address 2510 E. Fort Av

Date Aug 28 1906 ✓

Place of Burial Holy Rosary

Date August 29. 1906

Undertaker Jacob Lialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93144

HEALTH DEPARTMENT, CITY OF BALTIMORE.

34

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93144

Registered No. B .....

City of Baltimore, (No. 665, Vine St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua W. Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: June (Month) 15 (Day) 1889 (Year)

AGE: 17 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Brison Phillips.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Braytop.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Phillips

(Address) 665 Vine St.

Filed 5 25 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 27 1906

that I last saw him alive on Aug 27 1906,

and that death occurred, on the date stated above, at 3 00 A. M. The CAUSE OF DEATH was as follows:

General Tuberculosis

5 years 7 mos

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) L. E. Conradi M. D.

Aug 1906 (Address) Cor W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St John's Church Balto

DATE OF BURIAL: Aug 30 1906

UNDERTAKER: A. S. Marshall

ADDRESS: 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B 93145

93145

CERTIFICATE OF DEATH.

(Place of Death.) No. 2328 N. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Kelly Keegan

{ Residence, if in Baltimore, Give Street and Number. } Baltimore City 2328 N. Calvert St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 19 1838

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Keegan

(Address) 2328 N Calvert St

Filed 8/29 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26, 1906.

I HEREBY CERTIFY, That I attended deceased from August 15, 1906 to August 26, 1906 that I last saw h alive on August 26, 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 9 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 5 Hours

(Signed) [illegible], M.D.

Address 1117 Druid Hill Ave

Date Baltimore City Aug. 28, 1906.

Place of Burial St Mary's Cemetery

Date Aug 28 1906

Undertaker E. A. Wiedefeld Jr

Address 213 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 93146 Registered No. B 93146

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Bruce St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Betty Johnson

{Residence, if in Baltimore, Give Street and Number.} 1625 Bruce St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: —

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Hall

(Address) 1622 Presstman St.

Filed 8 29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augst 27 1906

I HEREBY CERTIFY, That I attended deceased from Augst 5 1906 to Augst 27 1906 that I last saw her alive on Augst 11 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 31 DAYS

(Signed) Thos S Huck M.D.

Address 647 W Lombard

Date Augst 28 1906

Place of Burial Mt Auburn Cemetery

Date Aug 29 1906

Undertaker R A Elliott

Address 506 Pacific Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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93147

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93147

City of Baltimore, (No. 2104, Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L. Hester

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: Mulatto

DATE OF BIRTH: 1864 (Month) (Day) (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Peyton Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Johnson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Hester

(Address) 2104 Division St

Filed 8/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27th 1906 to Aug 28th 1906 that I last saw her alive on Aug 27th 1906, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Henry M. Lofstrom M. D.

Aug 28 1906 (Address) 211 N. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 30 1906

UNDERTAKER: Felix B Ryle — ADDRESS: 703 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

Registered No. B 93148

93148

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Rebecca Talbott

{ Residence, if in Baltimore, Give Street and Number. } 1424 Wilmer Al

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singel

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Andrew Talbot

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Halday

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgina Burt

(Address) Wilmer alley

Filed 8/29 1906

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Aug 26 1906

that I last saw h[illegible] alive on Aug 25 1906,

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion &
High Temperature

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) M Allenberg M.D.

Address 18 Pearl St

Date Aug 27 1906

Place of Burial Mt Auburn Cemetery

Date August 29 1906

Undertaker Felix Boyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93149

Registered No. B.....

City of Baltimore, (No. 517, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Chesley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: April (Month) 13 (Day) 1902 (Year)

AGE: ..... years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Chesley

BIRTHPLACE OF FATHER (State or country): Charles Co. Md.

MAIDEN NAME OF MOTHER: Mary Agnes Quick.

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. A. Chesley (mother)

(Address) 517 Baker St.

Filed 8/29 1906

HARRY T. ANDREWS, PRINCE CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Duo-Colitis

(DURATION) ..... DAYS

Contributory Insufficient feeding

(DURATION) ..... DAYS

(Signed) M. A. Watts M. D.

Aug. 28 1906 (Address) 1711 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 29 1906

UNDERTAKER: Felix B Pyle

ADDRESS: 102 E Saratoga

This was a chronic case that has been coming for treatment since August 1st 1905

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward Med 93150 Registered No. B 93150

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Richmein

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. 49 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/29/06 HARRY O. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to Aug 27 1906 that I last saw h alive on Aug 27 1906, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute alcoholic in-
toxication

(DURATION) DAYS

Con'ributory (Primary.)

Brain hemmorrhage (DURATION) DAYS

(Signed) Walter D Kline M.D.

Address Bay View Asylum

Date August 28th 1906

Place of Burial Western Cem.

Date Aug 29 1906

Undertaker Mrs Geo P. Paulus

Address 2001 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93151

City of Baltimore, (No. 1811 Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 30 (Day) 1849 Year

AGE: 57 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Schultz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Adams

(Address) 416 W. Pratt

Filed 8/29 1906 HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1906 to Aug 27 1906

that I last saw her alive on Aug 27 1906,

and that death occurred, on the date stated above, at 4-05 P. M. The CAUSE OF DEATH was as follows:

Coma

(DURATION) 3 DAYS

Contributory Chronic Nephritis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M. D.

Aug 27 1906 (Address) 1644 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 30 1906

UNDERTAKER: E. Schlosser & Son

ADDRESS: 1109 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93152

City of Baltimore, (No. 1137, Hanover St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Lerp Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 23 1878
(Month) (Day) (Year)

AGE 27 years, 11 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER August Lerp.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Catherine C. Lutz

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Lerp

(Address) 1137 Hanover St

Filed 8/29 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 27 1906

that I last saw h-- alive on Aug 27 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Abscess of Lungs & Pleura

8 months (DURATION) ..... DAYS

Contributory Pleuro-Pneumonia

(DURATION) ..... DAYS

(Signed) T. Theodore Lowe Jr. M. D.

Aug 28 1906 (Address) 1808 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park Cem | DATE OF BURIAL Aug 30th 1906

UNDERTAKER J. Schlosser & Sons | ADDRESS 1124 Hanover St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

93153 93153

Ward 19 Registered No. B

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 S. Mount St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Edward Dolch

{ Residence, if in Baltimore, Give Street and Number. } 333 S. Mount St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 14th 1905

AGE: ..... years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John W. Dolch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Hooper

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Dolch

(Address) 333 S. Mount St.

Filed 8/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 27th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 25th 1906 to Aug. 27th 1906 that I last saw him alive on Aug. 27th 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 7 DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard

Date Aug. 28th 1906

Place of Burial Baltimore

Date Aug. 29 1906

Undertaker [illegible]

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 — 93154 — Registered No. B 93154

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N Port St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Robert Sales

{Residence, if in Baltimore, Give Street and Number.} 105 N. Port St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec 26 1905

AGE: ..... years, 8 months, 2 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Chas Sales

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Martha Goette

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Sales

(Address) 105 N Port St

Filed 8/29 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Aug 28 1906

that I last saw him alive on " " 1906,

and that death occurred, on the date stated above, at 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entrocolitis

Bronchitis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dunn M.D.

Address 156 Hamilton Ave

Date Aug 28 1906

Place of Burial Trinity Cemetery

Date Aug 30 1906

Undertaker Wendell Dippel & Son

Address 3208 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93155

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93155

Registered No. B.....

City of Baltimore, (No. 716, W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Stickel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July (Month) 21 (Day) 1906 (Year)

AGE: 27 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Andrew Stickel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frances Nagle

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Stickel

(Address) 716 Barre St

Filed 8/29 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1905 to Aug 27 1906 that I last saw h[illegible] alive on Aug 27 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

acute general Tuberculosis

about 1 year (DURATION) DAYS

Contributory chancroid

2 (DURATION) DAYS

(Signed) H. E. Kumpf M. D.

Aug 27 1906 (Address) 102 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem | DATE OF BURIAL: Aug 29 1906

UNDERTAKER: Wm J Talmage Jas | ADDRESS: Caroline

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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93156

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93156

City of Baltimore, (No. 1103 W Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David J. Mumma

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 12 1835
(Month) (Day) (Year)

AGE 71 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER David Mumma

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Julia A Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Mumma

(Address) 1103 W Lanvale St

Filed 8/29 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30 1905 to Aug 29 1906

that I last saw him alive on Aug 28 1906,

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Angina pectoris.

about 8 (DURATION) — DAYS

Contributory Don't Know

(DURATION) DAYS

(Signed) Robert Kuhn M. D.

Aug 29 1906 (Address) 1001 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount Cem

DATE OF BURIAL Aug 31 1906

UNDERTAKER J. Sudsburg Jos

ADDRESS Caroline Pratt

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward [illegible] 93157 Registered No. B 93157

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CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Collins

{Residence, if in Baltimore, Give Street and Number.} 1413 Central AVE.

Duration of Residence in Baltimore. Don't Know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: unknown 1834

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Jos Nolan

(Address) Mt Royal ave Lafayette

Filed 8/29 1906 HARRY D. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from May 25 1904 to Aug 28 1906 that I last saw h[illegible] alive on Aug 27 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Articular Rheumatism with Cardiac involvement.

(DURATION) 820 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas L. Timmons M.D.

Address St Josephs Hospital

Date Aug 28 1906

Place of Burial Cathedral

Date Aug 30 1906

Undertaker Hebert F Phillips

Address 1711 Mc[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93158

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93158

City of Baltimore, (No. 738 W. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Seth Warfield Henderson

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	June 10th 1827 (Month) (Day) (Year)
AGE	79 years, 2 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Howard Co. Md
FULL NAME OF FATHER	James T Henderson
BIRTHPLACE OF FATHER (State or country)	Howard Co. Md
MAIDEN NAME OF MOTHER	Rebecca J Collins
BIRTHPLACE OF MOTHER (State or country)	Howard Co. Md
OCCUPATION OF DECEASED	Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Blanche Addison

(Address) 738 W. Lexington

Filed 8/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24th 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 26 1906 to Aug 24 1906 that I last saw him alive on Aug 24 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

This Patient suffered from Organic Disease of Heart, Bright's Kidneys, and Dropsy and Died Jan'y 15th 1905. (DURATION) DAYS

Contributory Has been an invalid since that time (DURATION) DAYS

(Signed) John L Rogers M. D.

Aug 28th 1906 (Address) 662 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ellicott City Md	Aug 30 1906
UNDERTAKER	ADDRESS
Geo J Smith & Co	1000 W. Fayette St

BARRY ST. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93159

City of Baltimore, (No. 675 New Fremont Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME Instead of street and number.]

FULL NAME Geo F Short

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 25th (Day) 1827 (Year)

AGE: 78 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Short

(Address) 123 E Ostend St.

Filed 8/29 1906 HARRY ST. ARKENST PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Heart Disease

Sudden (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Patrick F Martin M. D.

Aug 28 1906 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 743 N Fayette St. Long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Aug. 31 1906

UNDERTAKER: Mr & Mrs Jno. W. Leufel & Sharp

ADDRESS: 604

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 93160 Registered No. B 93160

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Miller

{Residence, if in Baltimore, Give Street and Number.} 1223 Patapsco st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 7th 1861

AGE 45 years, 1 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T. Hubbard

BIRTHPLACE OF FATHER (State or country) Dorchester Co.

MAIDEN NAME OF MOTHER Drucilla Gibbs

BIRTHPLACE OF MOTHER (State or country) Dorchester Co

OCCUPATION OF DECEASED housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Miller

(Address) 1223 Patapsco St.

Filed 8/29 1906

HARRY O. AMBRETH, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from 18 days 1906 to Aug 28 1906

that I last saw h[illegible] alive on Aug 27 1906,

and that death occurred, on the date stated above, at 8:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bolrulitis

(DURATION) 6 m 8 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) E D Ellis M.D.

Address 918 Light st

Date Aug 28 1906

Place of Burial Cedar Hill

Date Aug 31st 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93161

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93161

City of Baltimore, (No. 832, Maund St.; Ward) [If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Fehr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 28 1906 (Month) (Day) (Year)

AGE: years, months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Peter Fehr

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Matilda Williams

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Williams

(Address) 832 Maund St

Filed 8/29 1906 HARRY O. ADAMS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Aug 29 1906 that I last saw h[er] alive on Aug 28 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Heart failure

(DURATION) DAYS

Contributory Abnormal

Labor (DURATION) DAYS

(Signed) J. K. Lueuch M. D.

Aug 30 1906 (Address) 623 Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western | DATE OF BURIAL: Aug 29 1906

UNDERTAKER: Jos B Cook | ADDRESS: 1038 Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

93162

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93162

Registered No. B.....

City of Baltimore, (No. 510, Columbia Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hazel T. Lill

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR White

DATE OF BIRTH Dec (Month) 10 (Day) 1889 (Year)

AGE 16 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lunsdon Lill

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nora Carey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Lill

(Address) 510 Columbia Ave

Filed 8/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1906 to August 28 1906

that I last saw h.. alive on July 28 1906,

and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever followed by Tuberculosis Lungs & General Peritonitis

(DURATION) DAYS

Contributory Cardiac Syncope

(DURATION) DAYS

(Signed) C. Landenwalt M. D.

Aug. 29 1906 (Address) 7039 Elmer Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Colorado Cem Md

DATE OF BURIAL Aug 29 1906

UNDERTAKER [illegible] & Bro.

ADDRESS 1103 N Bal

GARRY ST. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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93163

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93163

City of Baltimore, (No. 1002, Edmondson av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margarett Manger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 22nd (Month) (Day) 1824 (Year)

AGE: 82 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank Hoffman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margarett Hoffman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J W. Fedolen

(Address) 719 W. Saratoga St

Filed 8/29 1906

Registrar

HARRY S. ADELMAN, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to Aug 28 1906

that I last saw her alive on 28 May 1906,

and that death occurred, on the date stated above, at 11:30 A. M. The CAUSE OF DEATH was as follows:

Senility —
(old Age)

about 4 weeks (DURATION) — DAYS

Contributory Exhaustion

two days (DURATION) — DAYS

(Signed) John F. Manger M. D.

aug 28 1906 (Address) 1002 Edmondson av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Aug 30 1906

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 5 93167 Registered No. B ... 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 249 Chestnut St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lizzy Davis

{Residence, if in Baltimore, Give Street and Number.} 249 Chestnut st

Duration of Residence in Baltimore. 30 y.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ... 1 ...

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): - - -

MAIDEN NAME OF MOTHER: - -

BIRTHPLACE OF MOTHER (State or country): - - -

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B E Haydon

Address 1V & P. Station

Filed 8/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to death 1906

that I last saw h ... alive on ... 1906

and that death occurred, on the date stated above, at 3-30 P. M. CAUSE OF DEATH (Secondary or Immediat

Cardiac Asthma

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Benj. S. Haydon M. Coroner

Address 408 E Eutaw St

Date Aug 29 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 29 1906

Undertaker ...

Address South Sebastian

HARRY O. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

| | | |

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

93167.

Registered No. B 93167

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 N. Dallas St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Tiggle.

{Residence, if in Baltimore, Give Street and Number.} 529 N. Dallas.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR C

DATE OF BIRTH .....

AGE ..... years, ... months, 49 days 1

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Wm J Tiggle

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Corra Northern

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Tiggle

(Address) 529 N Dallas St

Filed 8/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 28 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carullus M.D.

Address Corner Md

Date Aug 29 — 06 190 ....

Place of Burial Asbury Cemetery

Date Aug 30. 190 ....

Undertaker ..... Elliott

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

MISSING CERTIFICATE

B 93168

...be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ...the said city it shall be ...the case comes under his ...ding the burial, a certificate ...***date of death.***

HEALTH DEPAR[TMENT] of Baltimore.

Ward 7 7

Registered No. B 93169

93169

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 w Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Taylor

{Residence, if in Baltimore, Give Street and Number.} 131 w Hill St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sudie West

(Address) 131 w Hill St

Filed 8/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 3 1906 to Aug 28 1906

that I last saw h[er] alive on Aug 28 1906

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) 30 DAY

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) H. L. McCart M.

Address 136 w Hill

Date Aug 29

Place of Burial Mt auburn

Date Aug 30

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 93170 Registered No. B 93170 116

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Vincent St (Baltimore, Md.) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie A. Carter,

{ Residence, if in Baltimore, Give Street and Number. } 1112 Vincent St

Duration of Residence in Baltimore. About Six Months,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Carter

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Melina Carter

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Holmes

(Address) 1112 Vincent St

Filed 8/30 1906

CHIEF CLERK OF ARREST PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1906 to Aug 28th 1906

that I last saw her alive on Aug 28 1906,

and that death occurred, on the date stated above, at 10-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis,

Three, (DURATION) Three DAYS

Contributory (Primary.) Gastritis,

Few, (DURATION) Few DAYS

(Signed) L. Allston Dent M.D.

Address 1929 Penna. ave

Date Aug 29th 1906

Place of Burial Mary Point Lancaster Co. Va

Date Aug 30 1906

Undertaker Wm J. Johnson

Address 1400 Eastern ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93171 — Registered No. B 93171

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Quinn Jr.

{Residence, if in Baltimore, Give Street and Number.} 1405 N Fremont Ave

Duration of Residence in Baltimore. Life-Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 14 1901

AGE: 5 years, 6 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Child

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John W. Quinn.

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Rosie L. Knopp

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

~~OCCUPATION~~ OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Quinn Sr.

(Address) 1405 N. Fremont Ave

Filed 8/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1906

I HEREBY CERTIFY, That I attended deceased from 8/28/ 1906 to 8/28/06 1906

that I last saw him alive on 8/28/06 1906,

and that death occurred, on the date stated above, at 1-10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

2. (DURATION) 2 Days

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Henry C. Hunt M.D.

Address 1922 Penna Ave

Date Aug 28-1906 1906

Place of Burial Western Cemetery

Date Aug 31 88 1906

Undertaker Geo. Burke

Address 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93172

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93172

Registered No. B.....

City of Baltimore, (No. 629 Oak Ave. ; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Thompson Squires

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. (Month) 26 (Day) 1905 (Year)
AGE	1 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Wash. D. C.
FULL NAME OF FATHER	Geo. B. Squires
BIRTHPLACE OF FATHER (State or country)	New. York
MAIDEN NAME OF MOTHER	Margaret Garet
BIRTHPLACE OF MOTHER (State or country)	Wash. D. C.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. B. Squires

(Address) 629 Oak Ave

Filed 8/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29. 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1906 to Aug. 29, 1906 that I last saw him alive on Aug. 28. 1906, and that death occurred, on the date stated above, at 3.30 A. M. The CAUSE OF DEATH was as follows:

Ulcerative enteritis

(DURATION) 12 DAYS

Contributory

(DURATION) DAYS

(Signed) C. D. Peterson M. D.

Aug. 29. 1906. (Address) 1349 York Road.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wash. D. C	Aug 30 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93173

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93173

City of Baltimore, (No. 628 N Madeira St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Neukamp.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: May 30 1906 (Month) (Day) (Year)

AGE: ..... years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Louis Neukamp.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Aedesriter

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) For Louis Neukamp. Father

(Address) 628 N. Madeira St

Filed 8/30 1906

HARRY G. ARMROYD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Aug 28 1906 that I last saw her alive on Aug 28 1906, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Marasmus

6 days (DURATION) ..... DAYS

Contributory

..... (DURATION) ..... DAYS

(Signed) [signature] M. D.

Aug 29 1906 (Address) 1740 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Alphonsus | DATE OF BURIAL: Aug 30 1906

UNDERTAKER: Jos. J. Herr | ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B 93174

93174

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifton Naylor

{ Residence, if in Baltimore, Give Street and Number. } 1614 Mulberry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX M — COLOR B	DATE OF DEATH Aug. 29 1906
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE ..... years, 4 months, ... days	that I last saw h ..... alive on ..... 190 .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Balto	Marasmus
FULL NAME OF FATHER John T. Naylor	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) Md	Contributory (Primary.)
MAIDEN NAME OF MOTHER Sarah Pennington	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) Oxford, N. C.	(Signed) Fredk Carnes M.D.
OCCUPATION OF DECEASED —	Address Coroner
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Aug 30 - 06 190
(Informant) John T Naylor	Place of Burial Laurel
(Address) 1614 Mulberry St.	Date August - 30 - 190 6
Filed 8/30 1906 HARRY O. ANDREWS, Registrar	Undertaker R T Elliott
	Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 93175 Registered No. B 93175

CERTIFICATE OF DEATH.

(Place of Death.) No. 65 / W Lafayette ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Wm F Seibold Jr.

{ Residence, if in Baltimore, Give Street and Number. } 65 / W Lafayette ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 7 1882

AGE 23 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm F Seibold

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emma L Wannemacher

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Seibold

(Address) 1321 Myrtle ave

Filed 8/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 28 1906 that I last saw him alive on Aug 28 1906, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Mellitus

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick H Martin M.D.

Address 6x6 W Lafayette ave

Date Aug 30 1906

Place of Burial Greenmount

Date Aug 31 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 93176 — Registered No. B 93176

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Swindell

{ Residence, if in Baltimore, Give Street and Number. } 511 W Lee

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 26 1895

AGE: 10 years, 10 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Richard Swindell

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Amelia C. Koffenberger

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Av

Filed 8 30 1906 HARRY G. ADDERSS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Aug 28 1906 that I last saw h[illegible] alive on Aug 28 1906, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation.
Dilatation of the heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Burch M.D.

Address 8287 Carrollton Ave

Date Aug 29 1906

Place of Burial London Park

Date Aug 31 1906

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93177 — Registered No. B 93177

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth James

{Residence, if in Baltimore, Give Street and Number.} 1506 Ashland

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR C

DATE OF BIRTH 1

AGE ____ years, 10 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Loydd James

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Viola Price

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Viola Price

(Address) 1506 Ashland

Filed 8/30 1906 HARRY OF ANDREWS, PERRIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fred'd Camalier M.D.

Address Coroners Office

Date Aug 30 — 06 190

Place of Burial Laurel

Date August 30 — 1906

Undertaker R H Eccleston

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 93178

93178

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Abott St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbora Sklina

{Residence, if in Baltimore, Give Street and Number.} 1628 Abott St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Bazoures

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Sklina

(Address) 1628 Abott St

Filed 8/31 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23rd 1906 to Aug 30th 1906

that I last saw h[er] alive on Aug 29th 1906

and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

Coma

(DURATION) 7 DAYS

Contributory (Primary.) Nephritis interstitial

(DURATION) 2 DAYS

(Signed) Chas. B. Fleagle M.D.

Address 831 N Broadway

Date Aug 30th 1906

Place of Burial Holy Redeemer

Date Sept 1 1906

Undertaker E. Hart Grant

Address 1904 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — 93179 — Registered No. B 93179 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 Block St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Todd

{Residence, if in Baltimore, Give Street and Number.} 1134 Block St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	Apl 8 1834
AGE	72 years, 4 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Do not know
BIRTHPLACE OF FATHER (State or country)	" " "
MAIDEN NAME OF MOTHER	" " "
BIRTHPLACE OF MOTHER (State or country)	" " "
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Shilbin

(Address) 400 E. 25th St.

Filed 8/30 1906 — CHIEF CLERK, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29th 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Aug 1906

that I last saw h[illegible] alive on Aug 16th 1906,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis, right Eye

(DURATION) about 1000 DAYS

Contributory (Primary.) Ptomaine

(DURATION) Several DAYS

(Signed) [illegible] M.D.

Address 80 W Madison

Date Aug 29th 1906

Place of Burial Holy Cross

Date Sept 1 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 93180 — Registered No. B 93180

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Kelly

{Residence, if in Baltimore, Give Street and Number.} 104 E. Front St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	White
DATE OF BIRTH	Sept 12 1
AGE	52 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Kelly
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia McHale

(Address) 1170 Hull St

Filed 8/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 28 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Aug 28 1906

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 5 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) — DAYS

Contributory (Primary) Accidental Fract. thigh and wrist (DURATION) — DAYS

(Signed) B.B. Stanbury M.D.

Address 408 N. Exeter St Coroner

Date Aug. 29, 1906

Place of Burial Holy Cross

Date 8/30/06 1906

Undertaker Evans & Spence

Address 1184 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93181

Ward 14

Registered No. B 93181

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 Brunt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Arthur J. Wilsmer

{Residence, if in Baltimore, Give Street and Number.} 1425 Brunt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Maid

COLOR: B

DATE OF BIRTH: Aug 29 1900

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: J B Wilmer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Barbara Carter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stenogr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Wilmer

(Address) 1425 Brunt St

Filed 8/30 1906

HARRY G. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, from chronic gastro enteritis

Six weeks (DURATION) DAYS

Contributory (Primary.) Stomach & bowel trouble (DURATION) DAYS

(Signed) Atlas Baldwin M.D.

Address 700 Lof. av. (Corner)

Date Aug. 30th 1906

Place of Burial Mount Auburn

Date Sept 1st 1906

Undertaker Wm E Hough Co

Address 1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 93182

CERTIFICATE OF DEATH. 93182

(Place of Death.) No. foot Chester St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Kulisch

{ Residence, if in Baltimore, Give Street and Number. } 916 Fell st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Kulish.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Eva Chowrzowicz.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kulisch.

(Address) 916 Fell St

Filed 8/30 1906

HARRY ST. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Gilmor St

Date Aug 30 = 1906

Place of Burial Holy Rosary

Date Friday Aug 31 1906

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93183 — Registered No. B 93183

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Chantal

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 29 1906

AGE: ... years, ... months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ?

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Gorsuch

(Address) 501-E-22nd St

Filed 8/30 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Aug 29 1906 that I last saw her alive on Aug 28 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Prematurity

(DURATION) 8 DAYS

Contributory (Primary) Insanitation (DURATION) 8 DAYS

(Signed) H. S. Gorsuch M.D.

Address 501-E-22nd St.

Date Aug 29 1906

Place of Burial New Cathedral

Date Aug 30th 1906

Undertaker Martin Fahey & Son

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93184 Registered No. B 93184

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Bell

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 20 1906

AGE: — years, 1 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ?

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Gorsuch

(Address) 501 E. 22nd St.

Filed 8/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Aug 29 1906 that I last saw h~~im~~ alive on Aug 28 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Debility (DURATION) 30 DAYS

(Signed) H. S. Gorsuch M.D.

Address 501 E. 22nd St

Date Aug 29 1906

Place of Burial New Cathedral

Date ~~June~~ Aug 30th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

HARRY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93185

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93185

Registered No. B.....

City of Baltimore, (No. 500, Hanover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kadie Sandell

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Russian

FULL NAME OF FATHER Louis Sandell

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lean Blook

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jackob Herskoritz

(Address) 500 Hanover St

Filed 8/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Aug 30 1906

that I last saw h— alive on —/—/— 1906.

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Typhoid fever

Three Weeks (DURATION) DAYS

Contributory Mitral regurgitation

life time (DURATION) DAYS

(Signed) A. J. Freedom M. D.

8-30 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Westgrove Washington Rd

DATE OF BURIAL Aug 30, 1906

UNDERTAKER M. Levinson

ADDRESS 113 E Lexington St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 93186 — Registered No. B 93186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 North Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. R. Amick

{Residence, if in Baltimore, Give Street and Number.} 1213 North Gay st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 20 1854

AGE 52 years, 3 months, 9 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John H. Amick

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Maria Leach

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Ropemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Amick

(Address) 1213 N. Gay st

Filed 8/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1906

I HEREBY CERTIFY, That I attended deceased from Apr. 1903 to Aug. 30 1906

that I last saw him alive on 29 Aug 1906

and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Buckler M.D.

Address 13 N. Hill

Date Aug 30 1906

Place of Burial Baltimore County

Date Sept. 1 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93187 — Registered No. B 93187

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Finley

{ Residence, if in Baltimore, Give Street and Number. } Atlanta Ga.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 60 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ga

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) University Hospital

(Address) N Lombard St

Filed 8/30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to Aug 27 1906 that I last saw h... alive on Aug 27 1906; and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) / DAYS

Contributory (Primary.) Cardiac

Debilitation (DURATION) 5 DAYS

(Signed) Robt. C. O'Bay M.D.

Address University Hospital

Date Aug 27 1906

Place of Burial Atlanta Ga

Date Aug 30 1906

Undertaker Jno B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93188

Ward ..... Registered No. B 93188

63

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Weistock

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) .....

Filed

..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug. 30 1906

that I last saw h[illegible] alive on Aug 30 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Paralysis

(DURATION) ..... DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) ..... DAYS

(Signed) Walter D. Stone M.D.

Address Bay View Asylum.

Date Aug. 30 1906.

Place of Burial Balto Hebrew Cem

Date Aug 31st 1906

Undertaker Hart & Goodman

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 93189 Registered No. B 93189

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 144 Old York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wynn

{Residence, if in Baltimore, Give Street and Number.} 144 Old York Road

Duration of Residence in Baltimore. Nearly 2 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Roger Wynn

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Bettie Foster

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roger Wynn

(Address) 144 Old York Rd

Died 8/31 1906

HARRY O. ARMSTRONG, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Aug 30 1906

that I last saw her alive on Aug 29 1906, and that death occurred, on the date stated above, at 9 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

3 weeks (DURATION) DAYS

Contributory (Primary.) Consumption

2 months (DURATION) DAYS

(Signed) E. H. Duncan M.D.

Address Granstown Md.

Date Aug. 31, 1906

Place of Burial Laurel Cemetery

Date Sept. 1 1906

Undertaker Felix B. Pyes

Address 102 E. McHenry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 93190 Registered No. B 93190

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Mitchell

{Residence, if in Baltimore, Give Street and Number.} 28 N. Wiederia St:

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — 1884

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER B. McG Lundable.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Hollyday

(Address) BAY VIEW ASY

Filed 8/31 1906 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29th 1906

I HEREBY CERTIFY, That I attended deceased from May 3rd 1906 to Aug 29 1906 that I last saw her alive on Aug 29 1906, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Ephamtisis

(DURATION) DAYS

(Signed) Walter D. Weis M.D.

Address Bay View Asylum

Date August 29 1906

Place of Burial St. Patricks Cem

Date ~~Aug~~ Sept 1st 1906

Undertaker M. Dayle & Son.

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — 93191 — Registered No. B 93191

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Eastern Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary K. Kern,

{Residence, if in Baltimore, Give Street and Number.} 925 Eastern Ave —

Duration of Residence in Baltimore. during life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH May. 9th 1905

AGE 1 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Kern

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Kate Rod

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kern

(Address) 925 Eastern Ave

Filed 8/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29th 1906

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to Aug. 29th 1906 that I last saw h er alive on Aug 29th 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

several days (DURATION) DAYS

Contributory (Primary.) Cholo Infantum

one month (DURATION) DAYS

(Signed) Fredk. A. Conrade M.D.

Address 2221 E. Balt. St.

Date Aug. 29th 1906

Place of Burial I. O. Evangelic.

Date Aug. 31st 1906.

Undertaker HENRY SANDT & SONS.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

93192

Registered No. B 93192

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 317 East St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Eva Gabrielson

{ Residence, if in Baltimore, Give Street and Number. } 317 East St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Gibson

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Frederica Friar

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Flaherty

(Address) 1317 Eutaw

Filed 8/31 1906 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound through heart.

— Suicide —

(DURATION) — DAYS

Contributory (Primary.) Melancholia

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 408 N. Spring Ave.

Date Aug 31 1906

Place of Burial Mt. Carmel

Date Sept 1st 1906

Undertaker Henry Saunders Son

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93193 Registered No. B 93193

CERTIFICATE OF DEATH.

15d

(Place of Death.) No. 1028 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Gildea

{ Residence, if in Baltimore, Give Street and Number. } 1028 N. Mount St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine L. Kierney

(Address) 1028 N. Mount St

Filed 8/31 1906 HART O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th 1906

I HEREBY CERTIFY, That I attended deceased from 27th Aug. 1906 to Aug. 30th 1906 that I last saw her alive on Aug 29th 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edward H. Condon M.D.

Address 1403 W Fayette St.

Date ... 190...

Place of Burial St. Peters Cem

Date Aug Sept 1 190 6

Undertaker Jos 12 Cook

Address 1103 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93194 — Registered No. B ●

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs R. Kelley

{Residence, if in Baltimore, Give Street and Number.} 1024 N. Paca, cor Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 30 1

AGE: 37 years, 10 months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: P. H. Kelley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Kelley

(Address) 1024 N. Eutaw Park ave

Filed 8/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Aug 30th 1906

that I last saw h[illegible] alive on Aug 30th 1906,

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia 2nd to Nephritis

Contributory (Primary) Streptococcus Infection (DURATION) 1 DAYS

Pericarditis, Endocarditis (DURATION) - DAYS

(Signed) Ed Faokiner M.D.

Address St Josephs Hosp

Date August 30th 1906

Place of Burial Loudon Park Cem.

Date SEP 1 1906 190

Undertaker Wm J Foy

Address 901 N. BROADWAY

HARRY G. ANDREWS, PUBLIC CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93195
151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93195

City of Baltimore, (No. 45 N. Carrolie St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louie Polonosky

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Aug. (Month) 29 (Day) 1906 (Year)

AGE: ——— years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Polonsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Wachsmouth

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Liebowitch

(Address) 2231 N. Bond

Filed 8/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 29, 190 to Aug 29 190 6

that I last saw h alive on 29 190 6,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Asthenia due to premature twin birth

(DURATION) ——— DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. M. Stevens, M. D.

Aug 30 1906 (Address) 1121 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philips Pk Woodlawn — DATE OF BURIAL: Aug 31 1906

UNDERTAKER: Mat Levinson — ADDRESS: 1138 Lowest

WM. J. C. DULANY CO., BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 22

93196

Registered No. B 93196

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 W Conway St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs E. Ruth

{ Residence, if in Baltimore, Give Street and Number. } 406 Conway St.

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	White
DATE OF BIRTH	Aug 9 1905
AGE	1 years, — months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm Ruth
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Kate Shamberg
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Ruth

(Address) 406 W Conway St.

Filed 8/31 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Aug 24 1906 that I last saw him alive on Aug 29 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Dyspepsia chronic

(DURATION) DAYS

(Signed) J. H. McKee Jr. M.D.

Address 804 Cathedral St.

Date Aug 30 1906

Place of Burial London Park

Date August 31 1906

Undertaker W. J. Tuckner & Sons

Address 423 East Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

93197

Ward 10

93197

Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 2756 W. Lafayette ave (Colestow) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Leroy Wood

{ Residence, if in Baltimore, Give Street and Number. } 2756 W. Lafayette ave.

Duration of Residence in Baltimore. 3 yrs. 10 mos. 26 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 3 1902

AGE: 3 years, 10 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Adam Tirk Wood

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Estelle Johnson.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Tirk Wood.

(Address) 2756 W. Lafayette ave.

Filed 8/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Aug 30 1906 that I last saw him alive on Aug 30 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Ef- Suffocation

(DURATION) 2 DAYS

Contributory (Primary.) Membranous Croup.

(DURATION) 2 DAYS

(Signed) E. Olivia Murray M.D.

Address 1221 W. Lafayette ave.

Date Aug 30 1906

Place of Burial Baltimore Cem

Date Fri. Aug 31 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca

4½ P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 93198 Registered No. B 93198

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph F. Worthington

{Residence, if in Baltimore, Give Street and Number.} 827 N. Wolfe st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 29th 1906
AGE	73 years, 10 months, 3 days
~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED	Divorced
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Jos. Worthington
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Via

(Address) 827 N. Wolfe st

Filed 8/31 1906 MARY C. MURPHY PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29 - 1906.

I HEREBY CERTIFY, That I attended deceased from July 19 - 1906 to Aug. 29 - 1906 that I last saw h i alive on " " 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-sclerosis

2 yrs. 2 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date August 30 - 1906

Place of Burial National Cem.

Date Aug 31 st 1906

Undertaker Geo. M Fenic

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93199

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93199

Registered No. B.....

City of Baltimore, (No. 1618 Baker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roland Ehlers.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr (Month) 15 (Day) 1906 (Year)

AGE: ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Ehlers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Johnson

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ehlers

(Address) 1618 Baker

Filed 8/31 1906

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 30th (Day), 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1906 to Aug. 30th, 1906 that I last saw h im alive on Aug. 30th, 1906, and that death occurred, on the date stated above, at 12 40 P. M. The CAUSE OF DEATH was as follows:

Gastro Intestinal Catarrh

(DURATION) 15 DAYS

Contributory Spurious Hydrocephalus Et Exhaustion (DURATION) 2 DAYS

(Signed) Wm E. Miller M. D.

Aug. 30 1906 (Address) 2539 Pennsylvania Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Eastern Cem

DATE OF BURIAL: Sept 1 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93200 Registered No. B 93200

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Donohue

{ Residence, if in Baltimore, Give Street and Number. } 20 E. Franklin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Donohue

(Address) 922 Valley St

Filed 8/31 1906 HARRY ST. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 25th 1906 to Aug. 30 1906

that I last saw her alive on Aug. 30 1906

and that death occurred, on the date stated above, at 1245 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Fibroid.
Ovarian Papilloma
Operation-for removal
Aug 26-6 (DURATION) ..... DAYS

Contributory (Primary) Secondary Hemorrhage
Surgical Shock - (DURATION) 4 DAYS

(Signed) Leo A. Dorsey M.D.

Address City Hospital

Date Aug. 30th 1906

Place of Burial Cathedral

Date ~~Aug~~ Sept 1 1906

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Thereby **four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 53

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93201

City of Baltimore, (No. 832 N. Pratt St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert H. Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 30 (Day) 1906 (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Francis R Carter

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis R Carter

(Address) 832 N. Pratt St.

Filed 8/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 29th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 5th 1906 to August 29 1906 that I last saw h im alive on August 29 1906, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Malnutrition

(DURATION) 21 DAYS

Contributory Exhaustion (DURATION) 3 DAYS

(Signed) Robert J Murray Jr M. D.

August 31st 1906 (Address) 510 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 8/31 1906

UNDERTAKER: Wm J Schilling — ADDRESS: 98 S. Poppleton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93202

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93202

Registered No. B

City of Baltimore, (No. 840, Hampson St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Rebecca Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norfolk Va

FULL NAME OF FATHER: Charles Maulden

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Maulden

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Pressman St.

Filed 8/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to Aug 30 1906 that I last saw h er alive on Aug 29 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 3 mo DAYS

Contributory

(DURATION) DAYS

(Signed) Albert F. Corey M. D.

Aug 30 1906 (Address) 1533 John

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn — DATE OF BURIAL: Sept 1 1906

UNDERTAKER: JAMES H DENNIS — ADDRESS: 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93203 — Registered No. B 93203

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Thomas

{Residence, if in Baltimore, Give Street and Number.} 319 State St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown.

MAIDEN NAME OF MOTHER Nancy Ellis

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Thompson

(Address) 3190 317 N. State St.

Filed 8/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 30 1906

I HEREBY CERTIFY, That I attended deceased from May 21 1906 to Aug 30 1906

that I last saw her alive on Aug 30 1906,

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Pseudo-bulbar Paralysis (DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Aug 31 1906

Place of Burial Mt Auburn

Date Sept 1 1906

Undertaker Felix B. Rye

Address 1026 Hanburg St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93204

City of Baltimore, (No. 417 S. Spring St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry George Karle

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 1 (Month) (Day) 1904 (Year)
AGE	— years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	George Karle
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Gertrude Marquardt
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. H. Burdick M.D.

(Address) 328 S. Bway

Filed 8/31 1906 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19 1906 to Aug 31 1906 that I last saw him alive on Aug 30 1906, and that death occurred, on the date stated above, at 7 00 A. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 60 DAYS

Contributory Mal-assimilation of food (DURATION) 30 DAYS

(Signed) A. H. Burdick M. D.

Aug 31 1906 (Address) 328 Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place or death?

PLACE OF BURIAL OR REMOVAL Trinity St. Louis — DATE OF BURIAL Sept. 1 1906

UNDERTAKER Davis Keemann — ADDRESS 6 S Eutaw

WM. J. C. DULANY CO., BALTIMORE

Ward ..... 93205 Registered No. B 93205

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Binney St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Leon Martcuk

{ Residence, if in Baltimore, Give Street and Number. } 1123 Binney

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... 1 ..... years, ... 2 ..... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Frank Martcuk.

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Mary Bornia.

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Martcuk.

(Address) 1123 Binney St

Filed 8/31 190 6 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 190 6

I HEREBY CERTIFY, That I attended deceased from Aug 23 190 6 to Aug 26 190 6 that I last saw h.im alive on Aug 26 190 6, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Av

Date Aug 31 190 6

Place of Burial St Stanislaus

Date Saturday Sept 1" 190 6

Undertaker M. F. Jackowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 93206 — Registered No. B 93206

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Lying in Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Olivia Ryan

{Residence, if in Baltimore, Give Street and Number.} Pikesville Md.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug 29 1906

AGE: ....years, ...months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Bruce

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Olivia Ryan

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olivia Ryan

(Address) Md Ly in Hosp.

Filed 8/31 1906 HARRY D. ANDREWS, PERRY GUARD, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Aug 30 1906 that I last saw him alive on Aug 30 1906 and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Delivery

Mis baby

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) W. G. Jack M.D.

Address Maryland Lying in Hosp

Date Aug 31 1906

Place of Burial

Date 1906

AUG 31 1906 COLLEGE OF PHYSICIANS & SURGEONS

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 93207

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Brady

{Residence, if in Baltimore, Give Street and Number.} 800 E. Baltimore St.

Duration of Residence in Baltimore. 39yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH April 9 1867

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER Patrick Brady

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Hannah Fitzgerald

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Robert Brady

(Address) 800 E. Baltimore St

Filed Sept 1st 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to Aug. 31 1906 that I last saw h[illegible] alive on Aug. 31 1906 and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver - 25 yrs.
(Acute) - Operation.
Anuria - (DURATION) DAYS
Secondary Hemorrhage -
Contributory (Primary) Shock - gas. Anesthesia. (DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date August 31st 1906

Place of Burial Cathedral Cemetery

Date Sept 1st 1906

Undertaker Henry W. Myers & Sons

Address 805 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93208 — Registered No. B 93208

CERTIFICATE OF DEATH.

(Place of Death.) No. 2331 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hall

{Residence, if in Baltimore, Give Street and Number.} 2331 Division St.

Duration of Residence in Baltimore. Lifetime 33 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 26 1873

AGE 32 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Robert Young

BIRTHPLACE OF FATHER (State or country) Calvert Co-Md.

MAIDEN NAME OF MOTHER Henrietta Dunson

BIRTHPLACE OF MOTHER (State or country) Emmittsburg-Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Dunson Young

(Address) 2331 Division St. (her mark)

Filed 9/1 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29 1906

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Aug 28 1906

that I last saw her alive on Aug 28 1906

and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Asthenia.

Asthenia about 1 month. (DURATION) DAYS

Contributory (Primary) Cancer of Stomach about 2 years. (DURATION) DAYS

(Signed) E. A. Muñoz M.D.

Address 1801 Guilford Ave.

Date August 29 1906

Place of Burial St Peters Cemetery

Date Sept 1 1906

Undertaker A. M. McGrath

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93209 Registered No. B 93209

CERTIFICATE OF DEATH.

(Place of Death.) No. 14. Talbott St (Waverley) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma. Stevenson

{Residence, if in Baltimore, Give Street and Number.} 14. Talbott St

Duration of Residence in Baltimore. 13 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Singleton Bruce

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C Stevenson

(Address) Talbott St

Filed 9/1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30- 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to 1906

that I last saw her alive on 29 Aug 1906,

and that death occurred, on the date stated above, at 8-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 8 Hours

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gorsuch Ave

Date Aug 30- 1906

Place of Burial Laurel Cemetery

Date Sept 1 1906

Undertaker D M McNatt

Address 506 Penn Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

91

93210

Registered No. B .....

City of Baltimore, (No. 602, Bradley St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Chambers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Aug (Month) 30 (Day) 1846 (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Perry Chambers

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Emily Lane

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Duckett

(Address) 602 Bradley

Filed 9/1 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 30th 1906 that I last saw h[illegible] alive on Aug 30 1906, and that death occurred, on the date stated above, at 2[illegible]M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 33 DAYS

Contributory Pulmonary Collapse (DURATION) 2 DAYS

(Signed) Frank R Mylman M. D.

Aug 31 1906 (Address) 322 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 1 1906
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93211

Registered No. B.....

City of Baltimore, (No. 403 Lewis St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert V. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb. 5th (Month) (Day) 1905 (Year)

AGE: 1 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John W. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Laura Hughes

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Hughes

(Address) 403 Lewis St

Filed 9/1 1906 HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 31 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 30 1906 to — 190—

that I last saw him alive on August 30 1906,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Eclampsia.

12 hours (DURATION) DAYS

Contributory Teething & Enteritis

7 (DURATION) DAYS

(Signed) George C. E. Vogler M. D.

August 31 1906 (Address) 1232 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: [illegible] Cemetery

DATE OF BURIAL: Sept 1 1906

UNDERTAKER: G. H. Elliott

ADDRESS: 506 Mosher

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 93212 — Registered No. B 93212 (41)

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Woods

{ Residence, if in Baltimore, Give Street and Number. } 5 North Spring Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 52 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: ~~~

BIRTHPLACE OF FATHER (State or country): ~~~

MAIDEN NAME OF MOTHER: ~~~

BIRTHPLACE OF MOTHER (State or country): ~~~

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eleanor Woods

(Address) 5 N Spring St Baltimore

Filed 9/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 31 1906 that I last saw him alive on Aug 31 1906, and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Rectum.
Duration

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date August 1906

Place of Burial Essex Co Va Montigue

Date Sept 2 1906

Undertaker John W Henderson

Address 61 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93213 Registered No. B 93213

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Brown

{ Residence, if in Baltimore, Give Street and Number. } 1629 Bruce st

Duration of Residence in Baltimore. 7 thirteen years

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Female	DATE OF DEATH	August 30th 190 6
COLOR	Colored		
DATE OF BIRTH	1	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 ..... that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at	
AGE	17 years, ... months, ... days	..... H. CAUSE OF DEATH (Secondary or Immediate)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single		General Paralysis
BIRTHPLACE (State or country)	Md		
FULL NAME OF FATHER	Wm Brown		
BIRTHPLACE OF FATHER (State or country)	Md		Four & half yrs (DURATION) ..... DAYS
MAIDEN NAME OF MOTHER	Mary Jackson	Contributory (Primary.)	General
BIRTHPLACE OF MOTHER (State or country)	Va.		Paramorthage (DURATION) ..... DAYS
OCCUPATION OF DECEASED	none	(Signed)	Silas Baldwin M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address	700 Lafayette ave. (Corner
(Informant)	Wm Brown	Date	..... 190 .....
(Address)	1629 Bruce st	Place of Burial	Mt Pisgah
Filed 9/1 190 6	HARRY O. ANDREWS, PERMIT CLERK. Registrar	Date	Sept 1 190 6
		Undertaker	Wm J. Johnson
		Address	1400 Pedestrian

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 93214

City of Baltimore, (No. 253 N High St St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adele Martinetti

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: July (Month) 26 (Day) 1824 (Year)

AGE: 82 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: John Bonnet

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Hyacinth

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paulini Gradi

(Address) 253 N High St

Filed 9/1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from November 1905 to aug 31 1906

that I last saw h— alive on July 31 1906,

and that death occurred, on the date stated above, at 10½ P. M. The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) DAYS

Contributory senility (arteriosclerosis)

(DURATION) DAYS

(Signed) David Gradi M. D.

Sept 1 1906 (Address) 712 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 3 1906
UNDERTAKER	ADDRESS
Edw A Byrne	302 N Gay

WM. J. C. DULANY CO., Baltimore

V

X

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. B 157

93215

CERTIFICATE OF DEATH.

(Place of Death.) No. 1721 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo W Bush

{Residence, if in Baltimore, Give Street and Number.} 1721 N Bradford

Duration of Residence in Baltimore. 4 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH aug 31 1906

AGE 4 hours
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo W Bush

BIRTHPLACE OF FATHER (State or country) Westminster Md

MAIDEN NAME OF MOTHER Hanna Reese

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Bush

(Address) 1721 N. Bradford

Filed 9/1 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Aug 31. 1906 that I last saw h[illegible] alive on Aug 31 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A Schmit, M.D.

Address 1419 E Eager St.

Date Aug 31st 06 1906

Place of Burial Westminster Cemetery

Date Sept 1 1906

Undertaker Robt J Turner

Address Bay Ridge

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 93216

City of Baltimore, (No. 825 N. Wolf St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgia M Kayle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1906. (Month) (Day) 1 (Year)

AGE ... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Chas F Kayle

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lillie E Kayle

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Kayle

(Address) 825 N Wolf

Filed 9/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Aug 31st 1906

that I last saw her alive on Aug 29th 1906,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory Asthenia

(DURATION) 30 DAYS

(Signed) I B Schwalbe M. D.

Aug 31 1906 (Address) 1003 N. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Sept 1 1906

UNDERTAKER Robt Turner | ADDRESS Boyd Valley

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93217 Registered No. B 93217

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 649 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gilbert J. Walsh

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 16 1871

AGE 35 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER James J. Walsh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget C. Mooney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Walsh

(Address)

Filed 9/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1906

I HEREBY CERTIFY, That I attended deceased from A.J. Lauran 190.. to 190..

that I last saw h.. alive on 190....,

and that death occurred, on the date stated above, at —— a..M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, Bronchitis

Sometime, death sudden during the night.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.D. Ghistard M.D. Coroner

Address 211 N. Lanvale St

Date Aug 31st 1906

Place of Burial Mount Cathedral Cemetery

Date Sept 2nd 1906

Undertaker David McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 93218 Registered No. B 139

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital 116 W. Fourth Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Sanders

{Residence, if in Baltimore, Give Street and Number.} Groveland Ave West Arlington

Duration of Residence in Baltimore. 32 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 11th 1872

AGE: 34 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William B. Marsh

BIRTHPLACE OF FATHER (State or country): Balto. city Md

MAIDEN NAME OF MOTHER: C. A Sommers

BIRTHPLACE OF MOTHER (State or country): Balto. city Md

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) C. A Marsh

(Address) Groveland Ave

Filed 9/1 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1906 to Aug 31 1906 that I last saw h[er] alive on Aug 31 1906 and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or ~~Immediate~~)

Malignant stricture of the rectum following operation

(DURATION) Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas Leslie Rumsey M.D.

Address 812 Park Ave

Date Aug. 31. 1906

Place of Burial Druid Ridge

Date Sept 3rd 1906

Undertaker Geo J Smith Co.

Address 1000 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93219 — Registered No. B 93219

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 2234 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Fordenick Graetzel M.D.

{Residence, if in Baltimore, Give Street and Number.} 2234 E. Biddle St.

Duration of Residence in Baltimore. Sixteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH May 26, 1830. ~~1906~~

AGE 76 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Clemens Graetzel

(Address) 2234 E. Biddle St.

Filed 9/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday, Aug 30, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1906 to Aug. 30, 1906 that I last saw him alive on Aug 27, 1906, and that death occurred, on the date stated above, at 2.45 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 15 DAYS

Contributory (Primary) Old age & a gastric catarrh (DURATION) — DAYS

(Signed) Barrett C Collin M.D.

Address 1404 Linden Ave

Date Aug 30, 1906 190

Place of Burial Immanuel Cemetery

Date Sept 3rd 1906

Undertaker Henry C Lassahn Jr

Address Fullerton Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 93220 — Registered No. B 93220

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Byrd

{Residence, if in Baltimore, Give Street and Number.} 1429 N. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 18th 1906

AGE ..... years, 2 months, 13 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Harry Byrd

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lena Hoffman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Byrd

(Address) 1429 N. Dallas St.

Filed 9/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 15 - 1906 to Sept. 1 - 1906 that I last saw h e r alive on Aug. 31 1906 and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date September 1 - 1906.

Place of Burial St. Alphonsus Cemetery

Date Sept. 3rd 1906

Undertaker Henry Hoeche Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93221 — Registered No. B 93221

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 525 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sadie Hunt

{Residence, if in Baltimore, Give Street and Number.} 525 Presstman St

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Colored
DATE OF BIRTH	1873
AGE	33 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Wm Thomas
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Kate Sullivan
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Thomas

(Address) 1111 Ethan St (Brother)

Filed 9/1 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Aug 30 1906

that I last saw h[illegible] alive on Aug 30 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 60 DAYS

Con'tributory (Primary.) Cardiac Edema (DURATION) [illegible] DAYS

(Signed) T E Dunglinson M.D.

Address 250 6 Bennett av

Date Aug 31 1906

Place of Burial Mt Auburn

Date Sept 3d 1906

Undertaker Chas Hunsberger

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B

CERTIFICATE OF DEATH. B93222

(Place of Death.) No. 705 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Bittorf

{Residence, if in Baltimore, Give Street and Number.} 705 W. Barre St.

Duration of Residence in Baltimore. 40 Years. 93222

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 25th 1835

AGE 71 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Meyer.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Bittorf

(Address) 705 W. Bittorf

Filed Sept 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1906 to August 31st 1906 that I last saw her alive on Aug 31st 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Albuminuria Chronic & 2 Jun
(Pericarditis) 10 Days 2 Jun 10 (DURATION) DAYS

Contributory (Primary.) Prostration (DURATION) 10 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date September 1st 1906

Place of Burial Cremated Loudon Park.

Date Sept 2nd 1906

Undertaker Jur. K Jurs John H. Teufel

Address 604 S. Sharp St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 93223

City of Baltimore, (No. ....., 1917 Gough St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgi Henry Zerowski

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	April 25th 1906 (Month) (Day) (Year)
AGE	..... years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Paul Zerowski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie Hibbard
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Zerowski

(Address) 917 Gough St

Filed Sept 2 1906

WM. J. C. DULANY CO., BALTIMORE.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Aug 30 1906

that I last saw h in alive on Aug 30 1906,

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Marasmus

3 months (DURATION) ..... DAYS

Contributory Enteritis

..... (DURATION) 6 DAYS

(Signed) Joseph L Graham M. D.

Aug 31 1906 (Address) 1116 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 2nd 1906
UNDERTAKER	ADDRESS
F. B. Kilpatrick	2446 N. Baltimore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93224 — Registered No. B 93224 — 15

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Zeytmer

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	White
DATE OF BIRTH	July 30 1906
AGE ..... years, ... months, ... days	1
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	V
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Sr V. I. Asy

Filed Sept 2 1906

C.S.T.&R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Aug 30 1906 that I last saw h[illegible] alive on Aug 30 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

[illegible] (DURATION) DAYS

Contributory (Primary) .....

..... (DURATION) DAYS

(Signed) E. V. Hayward M.D.

Address 1230 N. Caroline St

Date 190

Place of Burial New Cathedral Bonnem Brec Cem.

Date Sept 1st 1906

Undertaker Martin Rabey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93225 — Registered No. B 93225

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Allen

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 7th 1906
AGE	years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Sept 2 1906

C.S.F.C.B.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th 1906

I HEREBY CERTIFY, That I attended deceased from July 31st 1906 to Aug 30th 1906

that I last saw h[illegible] alive on Aug 30th 1906,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E H Hayward, M.D.

Address 1230 N Carrollton Ave

Date 9/1 1906

Place of Burial Bonnie Brae Cem

Date Sept 1st 1906

Undertaker Martin Feahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93226 — Registered No. B 93226

95.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1809 S. Charles St.

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. — COLOR Co.

DATE OF BIRTH May 24th 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Raw

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph H. Schmidt

(Address) 1809 S. Charles St

Filed Sept 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1— 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 22nd 1906 to Sept. 1— 1906

that I last saw her alive on Sept 1— 1906,

and that death occurred, on the date stated above, at 1230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 14 DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date September 1— 1906

Place of Burial London Park Cem

Date Sept 3d 1906

Undertaker Geo Lehnbacher & Son

Address 647 W Pratt st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93227

82

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Leake

{ Residence, if in Baltimore, Give Street and Number. } Shenandoah Va

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — — — 1 —

AGE: 20 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unascertained

BIRTHPLACE OF FATHER (State or country): ditto

MAIDEN NAME OF MOTHER: dotto

BIRTHPLACE OF MOTHER (State or country): ditto

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E McCleary

(Address) Johns Hopkins Hosp

Filed .....

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 31 1906

that Mast saw h[illegible] alive on Aug 31 1906

and that death occurred, on the date stated above, at 6 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute appendicitis

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Embolism

..... (DURATION) ..... DAYS

(Signed) Stokes Rushmore M.D.

Address Johns Hopkins Hospital

Date Sept 1 1906

Place of Burial Shenandoah Va

Date SEP 2 1906

Undertaker W. C. Fry

Address 121 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93228

City of Baltimore, (No. 26 W. Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Bear Dick Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: black

DATE OF BIRTH: 5th July (Month) 5th (Day) 1906 (Year)

AGE: — years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): 26 W. Lafayette

FULL NAME OF FATHER: Edw. Johnson,

BIRTHPLACE OF FATHER (State or country): Dont know,

MAIDEN NAME OF MOTHER: Mary Hewlett

BIRTHPLACE OF MOTHER (State or country): Harford Co, —

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hewlett

(Address) 26 E. Lafayette

Filed Sept 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 25th Aug 1906 to Aug 31 1906, that I last saw h— alive on Aug 27 1906, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Diarrhoea - Would not eat any Milk or other food

(DURATION) 21 DAYS

Contributory Dont know

(DURATION) — DAYS

(Signed) Dr. John Turner M. D.

Sept 1 1906 (Address) 1814 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? Place of birth

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 2 1906

UNDERTAKER: Alex H Ensley

ADDRESS: 5 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 — 93229 — Registered No. B 93229

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel J. Epstein

{Residence, if in Baltimore, Give Street and Number.} 1006 Granby St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Ladamar Glickman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rebecca Hoffman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abe Sember

(Address) 1006 Granby st

Filed Sept 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at 11 ...M. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body

Accident

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Camille M.D.

Address Catonsville Md

Date Sept 1 — 06 1906

Place of Burial Philpott Rd Ger Ref

Date Sept 2, 1906

Undertaker Max Levinson

Address 1638 East st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

Registered No. B 93230

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Tobacco Warehouse foot of Fells St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Freeman Cross Shuiglupp

{Residence, if in Baltimore, Give Street and Number.} 2001. Linden Ave.

Duration of Residence in Baltimore. Six years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 29th 1844

AGE 62 years, 7 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Isaac Shuiglupp

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

MAIDEN NAME OF MOTHER Frances Cross.

BIRTHPLACE OF MOTHER (State or country) Balto. Co.

OCCUPATION OF DECEASED Tobacco

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Shuiglupp

(Address) 1721 N. Calvert St

Filed Sept 2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Sept~~ 1906

that I last saw him ~~alive~~ on ~~Sept~~ 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Snyder Crane M.D.

Address 3203 Gwynn St

Date Sept 2nd 1906

Place of Burial Collington Prince George Co Md

Date Sept 3rd at Holy Trinity Cemetery 1906

Undertaker H. W. Jenkins Sons Co

Address 233 N. Saratoga St Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 93231

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 S. Carey St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Albert F Knauff

{Residence, if in Baltimore, Give Street and Number.} 1003 S. Carey

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 2" 1870

AGE: 36 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Dan Knauff

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Jennie Ahart

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo his Wife

(Address) 1003 S Carey St

Filed Sept 2 1906

Registrar

ECD

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Aug 31 1906

that I last saw him alive on Aug 31 1906

and that death occurred, on the date stated above, at 8 0 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 30 DAYS

(Signed) Walter A Coe M.D.

Address 2017 Williams ave

Date Sept 1 1906

Place of Burial Loudon Park

Date Sept 3" 1906

Undertaker W S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93232 — Registered No. B 93232

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 W. Saratoga St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Katherine Goodman

{Residence, if in Baltimore, Give Street and Number.} 621 W. Saratoga St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 15 1859

AGE: 56 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Lober

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Oenhard

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Fowler

(Address) 164 Light St

Filed Sept 7 1906

ECW

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 1 1906

I HEREBY CERTIFY, That I attended deceased from Feb 18 1906 to Sept 1 1906

that I last saw her alive on Sept 1 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Gastric

Carcinoma (DURATION) 217 DAYS

(Signed) John E Huck M.D.

Address 647 W Lafayette Av

Date Sept 1 1906

Place of Burial Mt Olivet

Date Sept 3 1906

Undertaker John E Stoughton

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93233 — Registered No. B 93233

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 S Wolf St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josefa Lachowska

{Residence, if in Baltimore, Give Street and Number.} 622 S Wolf St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Frank Brukowa.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Rosa Brukowa.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kostanty Lachowski.

(Address) 622 S. Wolfe St.

Filed Sept 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 1 1906 that I last saw h~~er~~ alive on Aug 31 1906, and that death occurred, on the date stated above, at 12 Noon. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Carcinoma Pondyx

(DURATION) ..... DAYS

(Signed) M R O'Donnell M.D.

Address 1713 Park St

Date Sept 1 1906

Place of Burial St Stanislaus.

Date Monday Sept 3 1906

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 93254

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. J. Wise

{Residence, if in Baltimore, Give Street and Number.} 110 Market Space

Duration of Residence in Baltimore. Fir works.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro

DATE OF BIRTH March 16th 1871

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John R. Wise

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Ketchum

BIRTHPLACE OF MOTHER (State or country) St Mary's Co

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Williams

(Address) U.S. Marine Hospital

Filed Sept 2 1906

Rec'd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1, 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to September 1 1906

that I last saw him alive on August 31, 1906

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis of lungs

(DURATION) 150 DAYS

(Signed) L. Williams M.D.

Address U.S. Marine Hospital

Date September 1, 1906

Place of Burial Pride Md

Date Sept 2nd 1906

Undertaker Chas G. Bailey

Address 1721 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93235

City of Baltimore, (No. 700, Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minna Lemcke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 13 (Day) 1826 (Year)

AGE: 80 years, 11 months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Herman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Stauff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nonel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lemcke

(Address) 700 Dolphin St

Filed Sept 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Sept 1st 1906

that I last saw her alive on Aug 31 1906

and that death occurred, on the date stated above, at 8.30 A.M. The CAUSE OF DEATH was as follows:

Hemiplegia, Arterio Sclerosis
with Bulbar Symptoms
Developing to Coma

2 days (DURATION) DAYS

Contributory Asthenia Cardiac

(DURATION) 10 DAYS

(Signed) Joseph Gluck M. D.

Sept 7 1906 (Address) 1876 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 8th 1906
UNDERTAKER	ADDRESS
Geo Lemcke & Son	647 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 93236 Registered No. B 93236

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Fraser

{ Residence, if in Baltimore, Give Street and Number. } Woodlawn, Md.

Duration of Residence in Baltimore. Nine days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 4 1878

AGE: 27 years, 11 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. H. Fraser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha E. Fälzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha E. Fraser

(Address) Hebbville Md

Filed Sept 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1906 to Aug. 31 1906 that I last saw h~~im~~ alive on Aug. 31 1906, and that death occurred, on the date stated above, at 12 ~~noon~~ M. CAUSE OF DEATH (Secondary or Immediate)

Internal hemorrhage

Immediate (DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) 14 DAYS

(Signed) W. W. Olive M.D.

Address University Hospital

Date Sept 6 1906

Place of Burial Mt Olive

Date Sept 13 1906

Undertaker J. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93287

City of Baltimore, (No. 7 S. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna Voges

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January (Month) 4 (Day) 1858 (Year)

AGE: 58 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Voiger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Bishop

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Eveling

(Address) 1913 Ramsey St.

Filed Sept 3 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Sept 1 1906 that I last saw h.. alive on Aug 31 1906, and that death occurred, on the date stated above, at 1. a. m. The CAUSE OF DEATH was as follows:

Operated on Inguinal Hernia July 28. 1906

Operated on for Intestinal Fistula Aug 27. 1906 - Died suddenly, apparently from Venous Embolism (DURATION) — DAYS

Contributory Acute Indigestion

(DURATION) DAYS

(Signed) Wm. Tellmann M. D.

Sept. 1 1906 (Address) 5 E. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 926 West Lombard St. How long at Place of Death 6 Days

Where was disease contracted, if not at place of death? at 926 W. Lombard

PLACE OF BURIAL OR REMOVAL: St Mathews | DATE OF BURIAL: Sept 3 1906

UNDERTAKER: J. E. Cook | ADDRESS: 103 N. Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93238

City of Baltimore, (No. 408 Hanover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Freda Blumberg

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Israel Zilf

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Freda Zilf

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Blumberg

(Address) 408 Hanover st

Filed Sept 2 1906 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan — 1903 to Sept 2nd 1906 that I last saw h er alive on Sept 1st 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

Two years (DURATION) DAYS

Contributory Starvation

Six months (DURATION) DAYS

(Signed) A. J. Freedom M. D.

9/2 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Washington Rd — DATE OF BURIAL Sept 2, 1906

UNDERTAKER Mot Levinson — ADDRESS 1138 Fawn st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93239

Ward .....

Registered No. B 93239

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Rosenberg.

{ Residence, if in Baltimore, Give Street and Number. } 832 E. Pratt St.

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER David Rykim

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Abraman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Rosenberg

(Address) 832 E Pratt st

Filed 9/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Gregor Cameron M.D.

Address Coroners Office

Date Sept 2—06. 190 .....

Place of Burial Philip Rd Rosedale

Date Sept 3, 190 6

Undertaker Mor Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93240 Registered No. B 93240

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CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N. Bruce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry Dickens

{ Residence, if in Baltimore, Give Street and Number. } 105 N. Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Col

DATE OF BIRTH: 1

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: George Dickens

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER: Lizabet Milburn

BIRTHPLACE OF MOTHER (State or country): St Marys C

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Dickens

(Address) 105 N Bruce st

Filed 9/3 1906 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 to Aug 31 1906

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Emaciation Ponly
Nourishment

(DURATION) ..... DAYS

Contributory (Primary.) Pendicitis

Disease (DURATION) ..... DAYS

(Signed) C-Ivan Jones M.D.

Address Corydon Ind

Date Sept 2 1906

Place of Burial Mt Auburn Cemetery

Date Sept 3 1906

Undertaker George L Hoofnes

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 93241 Registered No. B 93241

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert J. Miller

{ Residence, if in Baltimore, Give Street and Number. } 234 N Mount St.

Duration of Residence in Baltimore. Whole Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 21 1876

AGE 32 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lawrence Miller

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Mary A. Helfrich

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Anderson

(Address) 234 N. Mount St

Filed 9/3 1906 HARRY GE ABBOTT, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Sept 1 1906 that I last saw him alive on Aug 30 1906, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington St

Date Sept 1 1906

Place of Burial St A. Johns cem.

Date Sept 4th 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single or widowed), **occupation, birthplace, cause and date of death** of deceased, and the **cause and date of death.**

Ward 1 93242 Registered No. B 93242

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucie Johnson

{Residence, if in Baltimore, Give Street and Number.} 1131 Vincent St

Duration of Residence in Baltimore. Twenty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Lowes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Lowes

(Address) 1131 Vincent St.

Filed 9/3 1906 HARRY M. ARMSTRONG, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 31 st 1906

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH, (Secondary or Immediate)

Pneumonia

almost six weeks (DURATION) DAYS

Contributory (Primary.) Cerebral Epilepsy

(DURATION) DAYS

(Signed) Lieu Baldwin M.D.

Address 700 Eaz. av. Corner

Date Sept. 2nd 1906

Place of Burial Laurel Cemetery

Date Sept. 3. 1906

Undertaker Alex. H. Emsley

Address 578. W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 93243 — Registered No. B 93243

CERTIFICATE OF DEATH.

(Place of Death.) No. Shirley Ave — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harrison O. Wilbur

{ Residence, if in Baltimore, Give Street and Number. } Shirley Ave

Duration of Residence in Baltimore. 36 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH March 30, 1824

AGE 82 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER Otis Wilbur

BIRTHPLACE OF FATHER (State or country) Massachusetts

MAIDEN NAME OF MOTHER Larissa Pratt

BIRTHPLACE OF MOTHER (State or country) Massachusetts

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Wilbur

(Address) 103 W Lexington St City

Filed 9/3 1906 HARRY C. ARMENTROUT PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23rd 1906 to Aug 31 1906 that I last saw h.. alive on Aug 31 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary) Cardiac Syncope

(DURATION) DAYS

(Signed) J Thomas Bender M.D.

Address 320 N Greene St

Date Sept 1st 1906

Place of Burial Loudon Park

Date Sept 3 1906

Undertaker John E Evans

Address 142 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

93244

Registered No. B 93244

CERTIFICATE OF DEATH.

(Place of Death.) No. # 4 Lehmann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Lorenz

{ Residence, if in Baltimore, Give Street and Number. } # 4. Lehmann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 8th 1906

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Paul Lorenz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Bauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Lorenz

(Address) No 4 Lehman St-

Filed 9/3 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 28 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 63 DAYS

(Signed) E. Irvin Jones M.D.

Address Arthur

Date Sept 2nd 1906

Place of Burial New Cathedral

Date September 3rd 1906

Undertaker Wm Geo P Paulus

Address 2101 Frederick Ave.

Was treated at Wilson & Stockham

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93245

Registered No. B.....

City of Baltimore, (No. 1440 Presstman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Elizabeth Gales

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Apr. (Month) 2 (Day) 1901 (Year)

AGE: 5 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jno. S. I. Gales

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Grace V. Smallwood

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C Shannon M.D.

(Address) 1442 Presstman St

Filed 9/3 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Sept 1. 1906

that I last saw her alive on Sept 1. 1906

and that death occurred, on the date stated above, at 9.45 a. m. The CAUSE OF DEATH was as follows:

1. Typhoid Fever.
Blood test now in Health Office

(DURATION) — DAYS

Contributory Exhaustion and Gastritis (DURATION) 10 DAYS

(Signed) Geo. C. Shannon M. D.

9/1 1906 (Address) 1442 Presstman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Sept 3 1906

UNDERTAKER: Geo W Little | ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93246 Registered No. B 93246

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 S Lansford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Faupel

{ Residence, if in Baltimore, Give Street and Number. } 733 S Lansford av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 24 1871

AGE 35 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Lewis Boutin

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary S. Connelly

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. S. Faupel

(Address) 733 S. Montford av

Filed 9/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Judkins M.D.

Address 320 N. Wolfe St

Date 190

Place of Burial Cedar Hill Cemty

Date Sept. 3 190 6

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93247 Registered No. B 55

CERTIFICATE OF DEATH.

(Place of Death.) No. 2634 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham L. Welsh Jr.

{ Residence, if in Baltimore, Give Street and Number. } 2634 Bernard st

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Jan 1 1906	
AGE ..... years, 8 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Abraham L. Welsh Sr
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Rosa L. Longest
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham L. Welsh, Sr.

(Address) 2634 Bernard st

Filed 9/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to ~~Aug~~ Sept 1st 1906 that I last saw him alive on Sept 1st 1906, and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 45 DAYS

Contributory (Primary.) asthenia

(DURATION) 3 DAYS

(Signed) F B Marden M.D.

Address 2910 Huntingdon Ave

Date Sept 1st 1906

Place of Burial Tappahannock, Essex Co., Va.

Date Sept, 4 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

HARRY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93248 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 109. N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Borton

{Residence, if in Baltimore, Give Street and Number.} 109. N. Vincent

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH .....

AGE 24 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas. Borton

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Borton

(Address) 109. N Vincent St

Filed 9/3 1906

Registrar

PART OF NUMBER PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 1st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 to Sept 1 1906

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

Emaciation

8 mo (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) C Frank Jones M.D.

Coroner

Address .....

Date Sept 2nd 1906

Place of Burial Auburn Cem

Date Sept 3 1906

Undertaker Felix B Pyle

Address 172 S Bulwany

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93249 Registered No. B 93249

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1146 W. Lombard St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Chas. W. McInnis

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Chas McInnis

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Catherine McInnis

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 200 W. Lombard

Filed 9/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from Jan 10 '11 1906 to Aug 31 1906

that I last saw h-- alive on Aug 31 1906

and that death occurred, on the date stated above, at 12:45 P. M. CAUSE OF DEATH (Secondary or Immediate

Organic Heart Disease

(DURATION) 8 Z DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) J. D. Fehrenbach M.D.

Address 211 W. Lombard

Date Aug 31 '11 1906

Place of Burial Loudon Park

Date Sept 3 '11 1906

Undertaker John D. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93250 Registered No. B 93250

CERTIFICATE OF DEATH.

THE CHURCH HOME AND INFIRMARY

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Lula Belle Salgee

{ Residence, if in Baltimore, Give Street and Number. } 822 Hanover St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH — 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Henry Salgee.

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary C. Morgan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Salgee

(Address) 822 Hanover St

Filed 9/3 1906

[HEAD OF DEPARTMENT PERMIT CLERK]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1906

I HEREBY CERTIFY, That I attended deceased from March 21st 1906 to August 31 1906 that I last saw her alive on August 31 1906, and that death occurred, on the date stated above, at 1112 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis Dis'e

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

THE CHURCH HOME & INFIRMARY.

Address

Date SEP 1 - 1906 190

Place of Burial Mt Olivet Cemetery

Date Sept 3 1906

Undertaker Mrs Andrew Rohde Son

Address 530 Aisquith

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93251

Registered No. B

City of Baltimore, (No. 1502 N Patterson Park Ave, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Schmuff

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar 7 1831 (Month) (Day) (Year)
AGE	75 years, 5 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Louis Schmuff

(Address) 1502 N Pat Park Ave

Filed 9/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 1st 1906 to Sept 2 1906

that I last saw h— alive on Sept 2 1906,

and that death occurred, on the date stated above, at 6.50 P. M. The CAUSE OF DEATH was as follows:

Cancer of the Neck
(Cancer)
7 Months (DURATION) DAYS

Contributory —
(DURATION) DAYS

(Signed) Geo Schaefer M. D.

190 (Address) 2230 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Sept 4 1906
UNDERTAKER	ADDRESS
H Nicolaus & Son	1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward V

93252

Registered No. B 93252

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward S. Johnson

{Residence, if in Baltimore, Give Street and Number.} 609 S. Paca "

Duration of Residence in Baltimore. ~~Life time~~ 39 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: November 30 1863

AGE: 40 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Wm. H. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bettie C. Carvel

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Draftsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edward Johnson

(Address) 609 S. Paca

Filed 9/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 2 1906.

that I last saw him alive on Sept 2 1906.

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chr Pharengy Nephritis,

(DURATION) DAYS

Contributory (Primary) Heart failure + ~~Pneumonia~~ pneumonia, (DURATION) 4 DAYS

(Signed) J. M. Dellvette M.D.

Address 621 Columbia Ave

Date Sept 2 1906

Place of Burial Loudon Park Cy

Date Sept 4 1906

Undertaker Jas. Snowden's Son

Address 217 S. Paca "

WM. J. C. DULANY CO., BALTIMORE.

SAFETY OF ARREST PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93253

Registered No. B 93253

136

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 S. Sharp Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora L. Willis

{ Residence, if in Baltimore, Give Street and Number. } 620 S. Sharp Street

Duration of Residence in Baltimore 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ....

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Accomac Co. Va

FULL NAME OF FATHER: Henry Willis

BIRTHPLACE OF FATHER (State or country): Accomac Co. Va

MAIDEN NAME OF MOTHER: Cordie Burdon

BIRTHPLACE OF MOTHER (State or country): Accomac Co. Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Ayres

(Address) 620 S. Eutaw St

Filed 9/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept 1st 1906 that I last saw he alive on Sept 1st 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 months (DURATION)

Contributory (Primary.) Enteritis

(DURATION) 12 hrs DAYS

(Signed) C. H. Force M.D.

Address 712 S Sharp St

Date Sept 2 1906 Accomac Co. Va

Place of Burial Onancock. Wharf.

Date Sept 4 1906

Undertaker Jno H. Trader

Address 220 Fawn Ave St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 93254 Registered No. B 93254

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 S. Charles St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julia Germond

{ Residence, if in Baltimore, Give Street and Number. } 1733 S. Charles St

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 28 February 1842

AGE 64 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Milan N. Y.

FULL NAME OF FATHER Garry Deidrick

BIRTHPLACE OF FATHER (State or country) Red Hook N. Y.

MAIDEN NAME OF MOTHER Juliett Deidrick

BIRTHPLACE OF MOTHER (State or country) Shultzville N. Y.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. T. C. Jenks.

(Address) 1733 S. Charles St.

Filed 9/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1906

I HEREBY CERTIFY, That I attended deceased from May 1905 to Sept 1st 1906

that I last saw her alive on May 31 1906,

and that death occurred, on the date stated above, at 3.50 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Dawson M.D.

Address 1328 S. Eutaw St.

Date Sept 2 1906

Place of Burial Cedar Hill

Date Sept 4th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93255 Registered No. B 93255 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Hetzler

{Residence, if in Baltimore, Give Street and Number.} 1733 E. Eager st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5th 1870

AGE: 36 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm M. Hetzler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Murphy

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hetzler

(Address) 1733 E. Eager st

Filed 9/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 1 1906 190

I HEREBY CERTIFY, That I attended deceased from May 5 1906 to Sept 1 1906

that I last saw h.. alive on Sept 1 1906,

and that death occurred, on the date stated above, at 10:26 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Contributory (Primary.) Bronchitis (DURATION) 4 months DAYS

Contributory (Secondary.) Exhaustion (DURATION) 4 DAYS

(Signed) Dr Gill Hennard M.D.

Address 708 Ensor St

Date SEP 1 1906 190

Place of Burial Loudon Park Cem.

Date SEP 4 1906 190

Undertaker

Address

HARRY GITTINGS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 93256 Registered No. B 93256

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1247 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ryan

{Residence, if in Baltimore, Give Street and Number.} 1247 Battery ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR White

DATE OF BIRTH May 9 1906

AGE ..... years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER John J. Ryan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Hunek

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Ryan

(Address) 1247 Battery ave

Filed 9/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from May 25th 1906 to Sept 2 1906

that I last saw him alive on Sept 2 1906,

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mal-nutrition

Marasmus

1 Week (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Hammerbacher M.D.

Address 835 Lyon st.

Date Sept 3 1906

Place of Burial Holy Cross Cemetery

Date Sept 4 1906

Undertaker E. J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 93257 — Registered No. B 93257

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Harford ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bowers Carmen

{Residence, if in Baltimore, Give Street and Number.} 1410 Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Feb. 1 st. 1905

AGE 1 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jas. R. Carmen

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Mattie Knight

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1410 Harford Ave.

Filed 9/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 2nd 1906

that I last saw h~~im~~ alive on Sept 2 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria (DURATION) 5 DAYS

Con ributory (Primary.)

Diphtheria (DURATION) DAYS

(Signed) W. A Fan M.D.

Address 12 E. 25th St.

Date Sept 3rd 1906

Place of Burial Baltimore Cemetery

Date Sept. 3 rd 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93258 Registered No. B 93258 138

CERTIFICATE OF DEATH.

(Place of Death.) No. 553 Bloom St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lightner

{Residence, if in Baltimore, Give Street and Number.} 553 Bloom St.

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH Feb. 11, 1882

AGE ..... years, 24 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER William Gilbert

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER ~~~

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May E. Johnson

(Address) 553 Bloom

Filed 9/3 1906 HARRY ST. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1, 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1906 to Sept. 1, 1906, that I last saw h[illegible] alive on Sept. 31, 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Contributory) (DURATION) 2 DAYS

Contributory (Primary.) Toxaemia (DURATION) ..... DAYS

(Signed) W. Edw. Magruder, M.D.

Address 942 Madison Ave

Date Sept. 2, 1906

Place of Burial Pennsylvania Co. 2 P.M.

Date Sept 3rd 1906

Undertaker JAMES H DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93259

City of Baltimore, (No. 2013 Baumgardts alley; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy Hutton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January (Month) 14 (Day) 1906 (Year)

AGE ..... years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Nicholas Hutton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Pauline Funk..

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Nicholas Hutton

(Address) 2013 Baumgardts

Filed 9/3 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Sept. 1 1906

that I last saw her alive on Sept 1. 1906,

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Entero-colitis

Asthenia (DURATION) 50 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. William Francis M. D.

Sept 3 1906 (Address) 1407 N Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Carmel

DATE OF BURIAL Sept 3 1906

UNDERTAKER Ray J Turner

ADDRESS Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93260

City of Baltimore, (No. 1424 Bond St.; , Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David J. Williamson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feby 9 (Month) (Day) 1856 (Year)

AGE: 51 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm J Williamson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Adams

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Williamson

(Address) 1424 Bond

Filed 9/3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~Sept~~ Aug 31st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1906 to Sept 1st 1906 that I last saw h im alive on Aug 28th 1906, and that death occurred, on the date stated above, at 12.30 P M. The CAUSE OF DEATH was as follows:

Cancer of the Tongue

6 Months (DURATION) DAYS

Contributory Age & his Habits

Cause of Death (DURATION) DAYS

(Signed) J. H. Chambers M. D.

Sept 6th 1906 (Address) 16 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Sept 3 1906

UNDERTAKER: Robt J Turner

ADDRESS: Bway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93261

City of Baltimore, (No. 1525, Montrose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Liggins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 2 (Month) V (Day) 1870 (Year)

AGE: 36 years, V months, V days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Estella Isaac Liggins

(Address) 1525 Montrose St.

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Aug 31 1906 that I last saw him alive on Aug 31 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Bronchitis.

(DURATION) DAYS

Contributory Cardiac Dilatation

(DURATION) DAYS

(Signed) D. E. French M. D.

Aug 31 1906 (Address) 609 E Fremont St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL: Sept 3 1906

UNDERTAKER: Alfred Fruland | ADDRESS: 106 Lehmann St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person intending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93262

City of Baltimore, (No. 1709, Clagluff, ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margrett J Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: white

DATE OF BIRTH: Nov. (Month) 20 (Day) 1905 (Year)

AGE: ..... years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Oliver Jones Jr.

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: Elliam Jones

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Jones

(Address) 1709 Clagluff

Filed 9/3 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Sept 2 1906

that I last saw her alive on Sept 1 1906,

and that death occurred, on the date stated above, at 7.40 a.m. The CAUSE OF DEATH was as follows:

Entis Colitis

(DURATION) 6 DAYS

Contributory Malnutrition

(DURATION) 1 DAYS

(Signed) John A Owens M. D.

Sept 2 1906 (Address) 10 W. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Sept 3rd 1906

UNDERTAKER: G. F. Walker | ADDRESS: 723 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 7 Registered No. B 93263

CERTIFICATE OF DEATH.

(Place of Death.) No. 1634 Thame St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hedy Liss Riewic

{ Residence, if in Baltimore, Give Street and Number. } 1634 Thame st

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 28 1905

AGE: 1 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bielaxy Mississpy

FULL NAME OF FATHER: Adam Tisz Riewic

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Wikoria Orlowska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Tisz Riewic

(Address) 1634 Thame st

Filed Sept 3rd 06 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 3 1906

I HEREBY CERTIFY, That I attended deceased from August 31 1906 to Sept 1 1906 that I last saw her alive on Sept 1 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion (DURATION) 4 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann st

Date Sept 3d 1906

Place of Burial Holy Rosary.

Date Tuesday Sept 4. 1906

Undertaker M. F. Jachowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 93264

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CERTIFICATE OF DEATH.

(Place of Death.) No. 129 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Melvin Hall

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Bl.

DATE OF BIRTH: April 21st 1906

AGE: ..... years, 4 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: ~~Florence Hall~~ ?

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Florence Hall

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Hall

(Address) 129 N Central Ave

Filed Sept 3rd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 2nd 1906 that I last saw h-im alive on Sept 2 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

Diarrhoea.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsmith M.D.

Address Johns Hopkins Hospital

Date Sept 2d 1906

Place of Burial Asbury

Date Sept 3 1906

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 93265 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 Abraham St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Johnson

{Residence, if in Baltimore, Give Street and Number.} 902 Abraham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: B

DATE OF BIRTH: 1

AGE: ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Willis Johnson

BIRTHPLACE OF FATHER (State or country): Prince Mich

MAIDEN NAME OF MOTHER: Sarah Johnson

BIRTHPLACE OF MOTHER (State or country): Prince Mich

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Johnson

(Address) 902 Abraham st

Filed Sept 3rd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.20

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carothers M.D.

Address Coroner

Date Sept 2 06 190

Place of Burial Laurel

Date Sept. 3 190 6

Undertaker H. T. Elliott

Address 706 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93260 Registered No. B 93260

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Giovanni Giorgio

{Residence, if in Baltimore, Give Street and Number.} Bay View Junction (Balto Co)

(Giovanni Giorgio)

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roberto —

(Address) 231 S President

Filed Sept 3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Body mangled by freight train.

.....(DURATION)..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) Fredk Camalier M.D.

Address Coroner 2nd

Date Sept 2 — 1906

Place of Burial St Vincent

Date Sept 4 1906

Undertaker Wendell Dippel Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 9326 Registered No. B 9326 7

CERTIFICATE OF DEATH.

(Place of Death.) No. Eutaw & Pendleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Leonard Garrett

{ Residence, if in Baltimore, Give Street and Number. } 421 McCulloh

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Garrett

(Address) 421 McCulloh St

Filed Sept 4 1906 DAISY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2d 1906

I HEREBY CERTIFY, That I attended deceased from At Present 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull,

Caused by a blow from the fist of Eugene Johnson

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schaub Coron M.D.

Address 211 E. Lanvale

Date Sept 3d 1906

Place of Burial Laurel cemetery

Date September 4th 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 93268

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

9:

932

City of Baltimore, (No. 2004 Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occur... a Hospital or Insti... give its NAME ... of street and num...

FULL NAME Edward Boyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Mouth) 6 (Day) 1869 (Year)

AGE: 37 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Boyle

BIRTHPLACE OF FATHER (State or country): Dublin Ireland

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ... in Cumberland Stone Quarries

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Boyle

(Address) 2004 Pulaski St

Filed 9 4 6

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 2 (Month) (Day) 1...

I HEREBY CERTIFY, That I attended deceased ... July 13 1906 to Sept 1st 190...

that I last saw h... alive on ... Sept 1st 190...

and that death occurred, on the date stated above, at ... M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

... 8 months (DURATION) ...

Contributory ... (DURATION) ...

(Signed) William T. Sullivan M.D.

... 1906 (Address) 100 W Fa...

SPECIAL INFORMATION only for Hospitals, Institut... Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ...

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: St Pet... Cemetery

DATE OF BURIAL: Sept 0...

ADDRES...

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

...condition (whether married or single) of the person

Ward ..... 93269 Registered No. B 134

CERTIFICATE OF DEATH. 93269

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Dixon

{Residence, if in Baltimore, Give Street and Number.} 1331 Woodyear

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH ..... 1 .....

AGE ..... 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Wm Dixon

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Louisa Groom

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Groomes

(Address) 1657 Woodyear Ln

Filed 9/4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 1 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Appendicitis and Pulmonary Tuberculosis

(DURATION) 6 DAYS

Con'tributory (Primary.) Shock

(DURATION) 16 hrs DAYS

(Signed) M. W. Stark M.D.

Address Md Homoeo Hospital

Date Sept — 1 — 1906

Place of Burial Mt Auburn

Date Sept 4th 1906 190

Undertaker Alex Hemsley

Address 578 N Bridge St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D 93270

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 Rogers Av (or East St) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edith Vashti Mitchell 93270

{Residence, if in Baltimore, Give Street and Number.} 218 Rogers Av (or East St)

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR black

DATE OF BIRTH Dec 15 1905

AGE xxx years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED xxx

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER William Mitchell

BIRTHPLACE OF FATHER (State or country) Roanoke Virginia

MAIDEN NAME OF MOTHER Mildred Parent

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED xxx

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mildred Mitchell

(Address) 218 Rogers Av (or East St)

Filed 9/4 1906 [HARRY C. ANDREWS PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sep 1st 1906 to Sep 2nd 1906

that I last saw her alive on Sep 2nd 1906

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) one DAYS

Contributory (Primary) acute Milian Tuberculosis (DURATION) 30 DAYS

(Signed) OH Dulker M.D.

Address 928 E Hoffman Av

Date Sep 3rd 1906

Place of Burial Mt Olivet

Date Sept 4 1906

Undertaker R F Elliott

Address 508 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 93271 Registered No. B 93271

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 213 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Cooper

{ Residence, if in Baltimore, Give Street and Number. } 213 N. Dallas St

Duration of Residence in Baltimore. ?.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 86 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Mary A Harles

(Address) 213 N Dallas St

Filed 9/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Cullum M.D.

Address Coroner. Wap.

Date Sept 2-06 1906

Place of Burial Mt Hope

Date September 4 1906

Undertaker W. F. Gallant

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 93272 — Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Campbell

{ Residence, if in Baltimore, Give Street and Number. } 905 Park Ave.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH — 1

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Peter Campbell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline Butler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Campbell

(Address) 905 Park Ave

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2, 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1906 to Sept. 1, 1906 that I last saw h alive on Sept. 1, 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dracunculus

(DURATION) 3 DAYS

Contributory (Primary) Alcoholism

(DURATION) DAYS

(Signed) H. Addison Magruder M.D.

Address 922 Madison Ave

Date Sept. 2, 1906.

Place of Burial St. Peters

Date Sept. 4 — 1906

Undertaker H. Hilgartner

Address 502 Eager Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 — 93273 — Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 416 Davis St. — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Benjamin Socks

{Residence, if in Baltimore, Give Street and Number.} 416 Davis St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Black

DATE OF BIRTH: 1879 Aug 20th

AGE: 27 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Isreal N. Socks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Simms

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Socks

(Address) 331 N 35th Newfork

Filed 9/4 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Sept 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1906 to Sept 2nd 1906 that I last saw h[illegible] alive on Sept 2nd 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

E. E. Laushin

(DURATION) Some DAYS

Contributory (Primary.) Intestinal

Pneumonia (DURATION) 12 DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Sept 3rd 1906

Place of Burial Laurel

Date Sept 5 1906

Undertaker R. F. Leavitt

Address 506 Rogers Ave

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1 93274 Registered No. B 93274

CERTIFICATE OF DEATH.

(Place of Death.) No. 2244 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Jones

{ Residence, if in Baltimore, Give Street and Number. } 2244 Cambridge St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 25th 1865
AGE	41 years, 5 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	dont know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Jones

(Address) 2244 Cambridge St.

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17th 1906 to Sept- 2nd 1906 that I last saw h alive on Sept- 1st 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tubercular Laryngitis

(DURATION) DAYS

(Signed) Herman J. Guerney M.D.

Address 1937 Eastern Ave.

Date Sept- 3rd. 1906

Place of Burial Trinity Cemetery

Date Sept- 4th 1906

Undertaker Germanus Franc

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 Registered No. B 64 93275

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 Park av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Flora V Dannenberg

{Residence, if in Baltimore, Give Street and Number.} 1315 Park av

Duration of Residence in Baltimore Unknown

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem
COLOR	white
DATE OF BIRTH	Feb. 23rd 185[illegible]
AGE	50 years, 6 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	F. K. Dannberg
BIRTHPLACE OF FATHER (State or country)	R. I.
MAIDEN NAME OF MOTHER	Anna L. Hoppe
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Dannenberg

(Address) Richlandtown

Filed 9/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. Sept. 1st 1906

I HEREBY CERTIFY, That I attended deceased from .....1906 to 1906

that I last saw h..... alive on 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Died Instantly (DURATION) DAYS

Contributory (Primary.) Cerebral

Hemorrhage (DURATION) DAYS

(Signed) Alan Baetzman M.D.

Address 710 Eutaw av. Corner

Date Sept 1st 1906

Place of Burial Green mount Cem.

Date Sept 4th 1906

Undertaker Henry W. Jenkins & Sons Co

Address # 233 W. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93276 Registered No. B 93276

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Ballee

{ Residence, if in Baltimore, Give Street and Number. } ——

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 73 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 9/4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 2 1906 that I last saw h[illegible] alive on Sept 2 1906, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial nephritis - Morphinism

..... (DURATION) ..... DAYS

Contributory (Primary.) Hemiplegia Brain

Pneumonia - (DURATION) 2 DAYS

(Signed) Walter D. Spence M.D.

Address Bay View Hospital

Date Sept 3 1906

Place of Burial, Sacred Heart

Date Sept. 4 1906

Undertaker Evans & Spence

Address 1550 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93277 Registered No. B 93277

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Foreman

{ Residence, if in Baltimore, Give Street and Number. } ——

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col'd

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... mon'ths, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Washington D. C.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 9/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to Sept 12 1906 that I last saw h— alive on Sept 12 1906, and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

T. C. ——

(DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Hemorrhage

(DURATION) ..... DAYS

(Signed) Walter D Wood M.D.

Address Bay View Hospital

Date Sept 13 1906

Place of Burial Sacred Heart.

Date Sept. 14 1906

Undertaker Evans & Spence

Address 1000 E. Balto. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93278 Registered No. B 93278

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Stuart

{Residence, if in Baltimore, Give Street and Number.} 1611 W Franklin

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2 1869

AGE: 37 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John B Stuart

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Annie M Wilson

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna B Stuart

(Address) 1611 W. Franklin st

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Sept 3 1906 that I last saw him alive on Sept 3 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous

(DURATION) 6 months DAYS

Contributory (Primary.) General Infection

(DURATION) ..... DAYS

(Signed) S. M Lumpkin M.D.

Address 602 N. Paca st.

Date Sept 4 1906

Place of Burial New Cathedral

Date Sept 4 th 1906

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 93279

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 153 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Everdi-Boyer

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Dorsey

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Florance ~~Tyttle~~ Boyer

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florance Tyttle

(Address) 153 W. Hamburg St

Filed 9/4 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2d 1906

I HEREBY CERTIFY, That I attended deceased from as above 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum,

3 days at Mt Wilson.

(DURATION) —— DAYS

Contributory (Primary.)

(DURATION) 60 DAYS

(Signed) J. D. Feldmeier M.D.

Address 211 N. Lanvale above

Date Sept 3d 1906

Place of Burial Mt. Auburn ct

Date Sept 4th 1906

Undertaker E. L. Mountz & Son

Address 105 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93280

City of Baltimore, (No. 1755 Jefferson St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry A Booth

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct (Month) 26 (Day) 1839 (Year)
AGE	66 years, 10 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	W O L. Booth
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Jones
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence R. Booth

(Address) 1755 Jefferson

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 3rd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Sept 3rd 1906

that I last saw him alive on Sept 2nd 1906,

and that death occurred, on the date stated above, at 10 a m. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease
Organic Heart Disease
Senile Anasarca

#5 (DURATION) 45 DAYS

Contributory Exhaustion (DURATION) 3 DAYS

(Signed) Elijah J. Russell M. D.

Sept 3rd 1906 (Address) 423 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cem	DATE OF BURIAL Sept 6 1906
UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

93281

Registered No. B 93281

CERTIFICATE OF DEATH.

(Place of Death.) No. 1359 Carroll St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harris Wilmore

{ Residence, if in Baltimore, Give Street and Number. } 1359 Carroll St.

Duration of Residence in Baltimore. about 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: About June 1873

AGE: about 33 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Co, Md.

FULL NAME OF FATHER: Philip Wilmore

BIRTHPLACE OF FATHER (State or country): Kent Co., Md.

MAIDEN NAME OF MOTHER: Caroline Johnson

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Wilmore (Wife)

(Address) 1359 Carroll St.

Filed 9/4 1906

HARRY C. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1906 to Sept 2nd 1906 that I last saw him alive on Sept. 1st 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.) Intestinal Ulceration

(DURATION) 28 DAYS

(Signed) C. L. Tuckob M.D.

Address 507 S Paca St

Date Sept. 3rd 1906.

Place of Burial Mount Zion Cemetery.

Date Sept 4 1906

Undertaker Isaiah L Brown Son

Address 108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 93282 Registered No. B 93282

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 S. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lillian Yaeger

{Residence, if in Baltimore, Give Street and Number.} Bath Rest, 202 S. Wolfe St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 29th 1881

AGE: 24 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Yaeger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Caroline Hovey

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert Yaeger

(Address) 303 S. Wolfe St.

Filed 9/4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31, 1906

I HEREBY CERTIFY, That I attended deceased from April 1, 1906 to August 31, 1906

that I last saw h alive on August 31, 1906,

and that death occurred, on the date stated above, at 11:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

Two months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.,

Address 202 S. Broadway

Date Baltimore, Sept. 1, 1906.

Place of Burial St. Mathews Cem

Date Sept 4 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts

Address 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 93283 Registered No. B 93283

CERTIFICATE OF DEATH. 94

(Place of Death.) No. 2307 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W Severe

{Residence, if in Baltimore, Give Street and Number.} 2307 York Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 31st 1881

AGE 25 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER W. S. Severe

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jane Davis

BIRTHPLACE OF MOTHER (State or country) Washington D. C.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Severe

(Address) 2307 York Road

Filed 9/4 1906

HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1st 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Sept 1st 1906 that I last saw him alive on Aug 31 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and general weakness

(DURATION) 30 DAYS

Contributory (Primary.) Empyema

(DURATION) 20 DAYS

(Signed) H S Gorsuch M.D.

Address 501 E. 22nd St

Date 9/2 1906

Place of Burial Loudon Park

Date Sept. 4" 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Eutaw Sts and 1702-1710 Clifton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 93284 — Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Conner

{Residence, if in Baltimore, Give Street and Number.} 106 Chestnut st

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ~ 1

AGE: 68 years, ~ months, ~ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Chestertown Kent Co

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj J Hayden

(Address) 408 25 Pratt st

Filed 9/4 1906

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 ~~26~~ 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Sept 1906

that I last saw h ~ alive on ~ 190~,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

~ (DURATION) ~ DAYS

Contributory (Primary.) ~

~ (DURATION) ~ DAYS

(Signed) Benj J Hayden M.D.

Address 408 25 Pratt st Chester

Date Sept 4 1906

Place of Burial National Cemetery

Date Sept 9 1906

Undertaker John E Hough & Co

Address 1012 E Baltimore

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WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 93285 Registered No. B 93285

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Frdk. Bolander

{Residence, if in Baltimore, Give Street and Number.} 530 E Fort ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 30 1906

AGE ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Gus W F Bolander

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lucie Gesswein

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Parents

(Address) 530 E Fort

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 3 1906

that I last saw h alive on 9. 3 1906,

and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterial Hemorrhage

Immediate (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) L. Humpton Tucker M.D.

Address 530 E Fort ave

Date Sept 3 1906

Place of Burial Cedar Hill Cemetery

Date Sep't 4 1906 190

Undertaker Armstrong Denny Co.

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 93266

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Gen. Manly

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH ~~September~~ June 22 1845 ~~1906~~

AGE 61 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Manly

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Naomi Simpkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Ballad Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Naomi R. Duey

(Address) 1410 W. Saratoga St

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Sept~~ 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Sept 1 1906 that I last saw h~~im~~ alive on Sept 1 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 Hours

Contributory (Primary.) Diabetes Secretus

(DURATION) 3 ~~4~~ DAYS

(Signed) Harry Byrd M.D.

Address 602 Columbia

Date Sept 3 1906

Place of Burial Old Orchard Cem

Date Sept 4 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 93287

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Edmondson Ave St. (if Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Amelia C Griffith

{Residence, if in Baltimore, Give Street and Number.} 1604 Edmondson Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 20 1837

AGE 68 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Leach

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W T Griffith

(Address) 1604 Edmondson Ave

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2" 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 21" 1906 to Sept 2" 1906 that I last saw her alive on Sept 2" 1906, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) 15 DAYS

(Signed) H. Hentrayka M.D.

Address 1228 Hollins St

Date Sept 3" 1906

Place of Burial Loudon Park

Date Sept 6 1906

Undertaker W. Dukmire Sons

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Dr Fonnes - 1228 Hollins Hennessy 280

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93288 Registered No. B 93288

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2830 Elliott St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Antczak

{Residence, if in Baltimore, Give Street and Number.} 2830 Elliott St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 18 1905

AGE: 1 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ignac Antczak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johana Klejhamer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Jazell

(Address) 2830 Elliott St

Filed 9/4 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3d 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to August 31 1906 that I last saw h alive on August 31 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 34 DAYS

Contributory (Primary) Exhaustion

(DURATION) 14 DAYS

(Signed) V. J. Szmurlo M.D.

Address 722 S. Ann St

Date September 3d 1906

Place of Burial St Stanislaus —

Date Wednesday Sept 5" 1906

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93289

City of Baltimore, (No. 2039 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Asher J Willner

PERSONAL AND STATISTICAL PARTICULARS		*MEDICAL CERTIFICATE OF DEATH*
SEX: male	COLOR: white	DATE OF DEATH: Sept 2 d 1906 (Month) (Day) (Year)
DATE OF BIRTH: April 18 1861 (Month) (Day) Year)		I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Sept 2 d 1906
AGE: 45 years, 4 months, 27 days		that I last saw h in alive on Sept 1 1906,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single		and that death occurred, on the date stated above, at 5.30 P M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or country): Germany		Septicaemia
FULL NAME OF FATHER: Samuel H Willner		(DURATION) 14 DAYS
BIRTHPLACE OF FATHER (State or country): Germany		Contributory Cardiac Asthenia
MAIDEN NAME OF MOTHER: Sarah Herzfeld		(DURATION) 4 DAYS
BIRTHPLACE OF MOTHER (State or country): Germany		(Signed) Joseph Eichner M. D.
OCCUPATION OF DECEASED: Clerk		Sept 2 d 1906 (Address) 1516 Madison

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Masonic

(Address) 2039 McCulloh St

Filed 9/4 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew	Sept 4 1906
UNDERTAKER	ADDRESS
Hart & Goldheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 9 93290 [redacted] Registered No. B [redacted] 130

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Hanna Samuels.

{Residence, if in Baltimore, Give Street and Number.} 815 Whitelock St.

Duration of Residence in Baltimore. 2 3/5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: W.

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Benj Bomheim

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Snyder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Bomheim

(Address) 800 N Howard St

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Sept 4 1906

that I last saw h[illegible] alive on Sept 4 1906, at 10 3

and that death occurred, on the date stated above, at 10 3

I. CAUSE OF DEATH (Secondary or Immediate)

Surgical Shock

(DURATION) 14 hrs DAYS

Contributory (Primary.) Hysterectomy.

(DURATION) 1 DAYS

(Signed) Robt. C [illegible] M.D.

Address University Hospital

Date Sept 4 1906

Place of Burial Baltimore

Date Sept 6 1906

Undertaker Daub & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

923 Madison 1923 N. North Ave

PERMIT CLERK,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93291

City of Baltimore, (No. 1128 Peach Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Lamb

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Aug. (Month) 23 (Day) 1887 (Year)

AGE: 19 years, 0 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thomas Lamb

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Brogan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: press-feeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Donnelly

(Address) 1128 Peach alley.

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 2 1906 that I last saw h[er] alive on Aug 31 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Laryngeal Phthisis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm B. McDonald M. D.

Sept 3, 1906 (Address) 330 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem | DATE OF BURIAL: Sept 5 1906

UNDERTAKER: Dana M. G. Flynn | ADDRESS: 42 E. Mt. St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93292 Registered No. B 93292

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 W. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Pfefzing.

{Residence, if in Baltimore, Give Street and Number.} 505 W. Lafayette ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug. 31st 1906

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Chas. H. Pfefzing

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Susie H. Gourley

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Pfefzing

(Address) 505 W. Lafayette ave

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 3 1906 that I last saw him alive on Sept 3 1906 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) None obscure

Forune ovale (DURATION) 3 DAYS

(Signed) John S. Hurdle M.D.

Address 647 W Lafayette ave

Date Sept 3 1906

Place of Burial London Park Cemetery

Date Sept 4th 1906

Undertaker George Bantz

Address 594 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93293

City of Baltimore, (No. 901 Topmans Ct St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Blk

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Butler Cty

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Smith

(Address):

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Aug 31 1906

that I last saw her alive on Aug 29 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Entero colitis acute

(DURATION) 6 DAYS

Contributory Improper food

(DURATION) Life DAYS

(Signed) V Kennedy Williams M. D.

Aug 31 1906 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: SEP 1 - 1906

UNDERTAKER: Commissioner Health

ADDRESS: Health Dept

HARRY O. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

2 33

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 93204

142

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward Bailey

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/4 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1906 to Sept. 1 1906 that I last saw h am alive on Sept. 1 1906, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene of Foot.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Lore M.D.

Address Bay View Asylum

Date Sept. 1 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 1 - 1906 190 .....

Undertaker Wm H Woden

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

93295

Registered No. B 93295

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Pinkney

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Veterinary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Hollyday. Supt.

(Address) .....

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug 30 1906, that I last saw h alive on Aug 30 1906, and that death occurred, on the date stated above, at 5-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffuse Nephritis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Chronic Dysentery. (DURATION) ..... DAYS

(Signed) Walter D Mosé M.D.

Address Bay View Asylum

Date Aug 30 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date Aug 31 1906

Undertaker William H Woodas

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward VI Registered No. B 93596

69

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Taylor

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Holloway. Supt.

(Address)

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31st 1906

I HEREBY CERTIFY, That I attended deceased from June 1. 1904 to Aug. 31 1906 that I last saw h im alive on Aug. 30, 1906 and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Status Epilepticus

(DURATION) 4 Days

Contributory (Primary.) Epilepsie

Dementia (DURATION) Unk DAYS

(Signed) J. M. Owens Ly M.D.

Address Bay View Asylum

Date August 31st 1906

Place of Burial JOHNS HOPKINS HOSPITAL BAY VIEW GROUNDS HARRY O. ANDREWS PERMIT CLERK

Date Aug 31 1906

Undertaker William H Woodall

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 93297 Registered No. B 93297

102

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gottfried Schwandau

{ Residence, if in Baltimore, Give Street and Number. } 2125 Maryland St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gatherer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Von Derwisey

(Address) 2125 Maryland St.

Filed 9/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Sept 4 1906 that I last saw h~~im~~ alive on Sept 1 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Stricture of Oesophagus. (DURATION) — DAYS

(Signed) Robt. C. Bay, M.D.

Address University Hospital

Date Sept 4 1906

Place of Burial London Park

Date Sept 5 1906

Undertaker Mrs Andrew Pokele Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93298 Registered No. B 93298

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillip S. Allison

{Residence, if in Baltimore, Give Street and Number.} 1613 E. Pratt St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Robert Allison

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amy Tindall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Lumber Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Harry Allison

(Address) 1613 E Pratt St

Filed 9/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 3 1906

that I last saw him alive on Sept 1 1906,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 34 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1111 E. Balt. St.

Date Sept. 4 1906

Place of Burial Greenmount CEMETERY.

Date SEP 5 - 1906 190

Undertaker E. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93209

Registered No. B

City of Baltimore, (No. 2124 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	colored
DATE OF BIRTH	..... (Month) 1 (Day) ..... (Year)
AGE	1 years, ~~months~~, ~~days~~
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Balt City
FULL NAME OF FATHER	Joseph Johnson
BIRTHPLACE OF FATHER (State or country)	Richmond Va
MAIDEN NAME OF MOTHER	Alloace Haney
BIRTHPLACE OF MOTHER (State or country)	Richmond Va
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Johnson

(Address) 2124 Division st

Filed 9/4 1906

BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 4 1906 that I last saw h— alive on Sept 4 1906, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Whooping Cough

(DURATION) DAYS

(Signed) J. T. Nelson M.D.

Sept 4th 1906 (Address) 1303 Mosher

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Sept 4 1906
UNDERTAKER	**ADDRESS**
John H Owen & Son	1222 Druid

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93300 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriette M. Dowell

{Residence, if in Baltimore, Give Street and Number.} 812 N Broadway.

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: April 11th 1872

AGE: 34 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: James Only

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Harriette Selby

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas R. Dowell.

(Address) 812 N Broadway.

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Aug~~ Sept. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1906 to Sept 3rd 1906 that I last saw h~~e~~r alive on Sept 2nd 1906, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Uremia

(DURATION) 4 weeks DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferson Buell M.D.

Address 1122 Caroline St.

Date Sept 4th 1906

Place of Burial Girdletree Md.

Date Sep. 6th 1906

Undertaker E. J Tunnigan

Address 1938, E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93301

City of Baltimore, (No. 2009 Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry A. Jansen

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	June 7 1906 (Month) (Day) (Year)
AGE	— years, 2 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	O. Jansen
BIRTHPLACE OF FATHER (State or country)	Norway
MAIDEN NAME OF MOTHER	Annie Hennis
BIRTHPLACE OF MOTHER (State or country)	Norway
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Jansen

(Address) 2009 Hanover St.

Filed 9/14 1906

HARRY U. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Sept 4 1906

that I last saw h in alive on Sept 3 1906,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

(DURATION) 2 DAYS

Contributory Whooping Cough (DURATION) 10 DAYS

(Signed) W. E. S. Campbell M. D.

Sept 4 1906 (Address) 1644 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Sept. 5 1906
UNDERTAKER	**ADDRESS**
F. A. Krause & Bro	703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — 93302 — Registered No. B [illegible] 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Charlton

{Residence, if in Baltimore, Give Street and Number.} 1038 Hollins st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 6th 1881

AGE: 25 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto city Md

FULL NAME OF FATHER: Henry McNally

BIRTHPLACE OF FATHER (State or country): Balto city Md

MAIDEN NAME OF MOTHER: Mary McNally

BIRTHPLACE OF MOTHER (State or country): Richmond Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie S Ernst

(Address) 12 S Arlington ave

Filed 9/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 2 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Sept 2 1906

that I last saw h[illegible] alive on Sept 2 1906

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

2½ months (DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) J. E. Lound M.D.

Address 1300 W. Lombard

Date Sept 2 1906

Place of Burial London Park

Date Sept 6th 1906

Undertaker Geo J Dowd Co

Address 108 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

93303

Registered No. B .....

City of Baltimore, (No. 313 S. Collington Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Madiline Kalthof

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White.

DATE OF BIRTH: March (Month) 7 (Day) 1906. (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Frederick Kalthof

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Katherine Dorsch

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Kalthof.

(Address) 313 S. Collington Ave.

Filed 9/4 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 4th (Day) 1906 (Year).

I HEREBY CERTIFY, That I attended deceased from Sept- 2 1906 to Sept 4 1906 that I last saw her alive on Sept 2 1906, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia (DURATION) 7 DAYS

Contributory

Cardiac Failure (DURATION) DAYS

(Signed) R. S. Kirk M. D.

Sept 4th 1906 (Address) 1610 E. Baltimore,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Immanuel Cemetery	Sept 6 1906
UNDERTAKER	**ADDRESS**
Louis Heemann	628 Caroline

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 93304 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Clarence Ervin Richardson and Melva Bell

{ Residence, if in Baltimore, Give Street and Number. } 1013 N. Fulton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 31st 1906

AGE: 0 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Clarence Ervin Richardson

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Melva B. Challoner

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Challoner

(Address) 1013 N. Fulton ave

Filed 9/4 1906 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Aug 25 1906 that I last saw him alive on Aug 25 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea + Enteritis

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Lee M.D.

Address 2017 Williams ave

Date Sept 4th 1906

Place of Burial London Park

Date Sept 5 1906

Undertaker Geo. Weber

Address 1115 N. Carey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93305

City of Baltimore, (No. 1019 Hopkins Ave St.) (Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter C. Hoover

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 7 (Month) (Day) 1905 (Year)

AGE: 0 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward. C Hoover

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sadie, E. Wilson

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward. Hoover

(Address) 1019 Hopkins Ave

Filed Sept 5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

C.S.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Sept 4 1906 that I last saw h[illegible] alive on Sept 4 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Intestines (DURATION) 12 mos

Contributory (DURATION) DAYS

(Signed) Edw Delcher M. D.

Sept 4 1906 (Address) 2250 E Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence? How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel | DATE OF BURIAL: Sept 6" 1906

UNDERTAKER: Geo M. Fink | ADDRESS: 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 93306 — Registered No. B 93306

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 Central — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicola DeChristopher

{Residence, if in Baltimore, Give Street and Number.} 418 Central

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Antonio DeChristopher

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonio DeChristopher

(Address) 418 S Central Ave

Filed 9/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 4 1906

that I last saw h— alive on Sept 4 1906

and that death occurred, on the date stated above, at —M. CAUSE OF DEATH (Secondary or Immediate.)

acute

Marasmus Combinis

(DURATION) 2 DAYS

Contributory (Primary.) acute Nephritis

(DURATION) 2 DAYS

(Signed) J. F. Valentine M.D.

Address 1600 Bank

Date Sept 4 1906

Place of Burial St. Vincents Cemetery

Date Sept 5 1906

Undertaker Wendell Dippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93307 — Registered No. B 93307

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CERTIFICATE OF DEATH.

Place of Death.) No. 120 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret M. Wallbillick

{ Residence, if in Baltimore, Give Street and Number. } 120 N. Madeira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 28 1906

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Wallbillick

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jennie Schmidt

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wallbillick

(Address) 120 N. Madeira st.

Filed 9/5 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Sept 4 1906 that I last saw her alive on Sept 4 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility
Premature at 7½ months,

(DURATION) 7 DAYS

Contributory (Primary) ~

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 1811 E. Balto. St

Date September 4 1906

Place of Burial St. Alphonsus

Date Sept. 5 1906

Undertaker J. & J. Keen

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93308 Registered No. B ..... (20)

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jana Bartsch

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Sup't

(Address) BAY VIEW ASYLUM.

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Sept. 3 1906 that I last saw h— alive on Sept 3 1906, and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hypostasis July
Hemiplegia, Chronic
Interstitial Nephritis
..... (DURATION) ..... DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ..... DAYS

(Signed) Walter D Mire M.D.

Address Bay View Hospital

Date Sept. 3 — 1906

Place of Burial Baltimore Cemetery

Date September 5 1906

Undertaker Edward A Byrne

Address 302 or 9 Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93309

City of Baltimore, (No. 918, Greenmount Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy Alexander Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	December 4, 1905 (Month) (Day) (Year)
AGE	— years, Nine months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	George Smith
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Elvina Slagman
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Smith

(Address) 918 Greenmount Ave

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Sept 4 1906

that I last saw him alive on Sept 3 1906,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Marasmus following
Gastro Intestinal Catarrh

General weakness (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. R. C. Cavell M. D.

Sept 4 1906 (Address) 1341 Harford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 4 1906
UNDERTAKER	ADDRESS
H. C. Wiedefeld	914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93610

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Barcley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanch F. Toadvine

{ Residence, if in Baltimore, Give Street and Number. } 1715 Barcley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 29 1905

AGE ..... years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Ernest H. Toadvine

BIRTHPLACE OF FATHER (State or country) Salisbury Md.

MAIDEN NAME OF MOTHER Ethel Todd

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Ernest H. Toadvine

Address 1715 Barcley St.

Filed 9/5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1906

I HEREBY CERTIFY, That I attended deceased from July 8 1906 to Aug 4 1906 that I last saw her alive on Aug 3 1906, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) James M Fenton M.D.

Address 700 E Chase St

Date Aug 4 1906

Place of Burial London Park Cemetery

Date Sept 5th 1906

Undertaker Jos. Jno. H. Seyfel

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93311

City of Baltimore, (No. 2409 McElderry St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 15 (Month) (Day) 1905 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Williams Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Bluttner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Bluttner

(Address) 2409 McElderry St.

Filed 9/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 25, 1906 to Aug 3, 1906

that I last saw h alive on August 1, 1906,

and that death occurred, on the date stated above, at 6

M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) M. D.

1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Spring Cemetery	Aug 7 1906
UNDERTAKER	ADDRESS
J. C. Schmidt & Son	1755 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Williams B 9332

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore 2 11 24/25

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmale | COLOR: Colored

DATE OF BIRTH: March 1 1906

AGE: 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Williams

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: May Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lynn

(Address) 1019 Bruce

Filed 9/5 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3d 1906

I HEREBY CERTIFY that I attended deceased from Aug 30 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Celestine M.D.

Address 2 W. Lanvale above

Date Sept 3d 1906

Place of Burial Mt Olivet

Date Sept 5 1906

Undertaker R L Parham

Address 1213 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93313

Registered No. B .....

City of Baltimore, (No. 818 N. Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Goetze

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 23 (Day) 1832 (Year)

AGE: 74 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: F. H. Goetze

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Uglemann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gun Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Goetze

(Address) 818 N. Broadway

Filed 9/5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 28 1906 to Sept 4 1906

that I last saw h~~im~~ alive on Sept 3 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Acute Intoxication from Retention in the Circulation of Bile Products Caused by Obstruction to Bile duct. (DURATION) 7 DAYS

Contributory Original Cause Hepatic Carcinoma (Cancer of Liver) (DURATION) 6 mos.

(Signed) Naughton Bayley M. D.

Sept 4 1906 (Address) 2036 Guilford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Immanuel Cemetery

DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Louis Hermann

ADDRESS: 6 S Caroline St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Gilroy 93314

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Gilroy

(Address) Evening Honor

Filed 9/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Sept 1 1906

that I last saw h alive on Sept 1 1906

and that death occurred, on the date stated above, at 2 M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Heart complication

..... (DURATION) ..... DAYS

(Signed) M. W. Slorb M.D.

Address Md. Homoeopathic Hospital

Date Sept 1 1906

JOHNS HOPKINS HOSPITAL
SEP 4 - 1906
HARRY C. ANDREWS,
PERMIT CLERK.

Place of Burial .....

Date ..... 190 ....

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7 3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 93315 Registered No. B 38020

CERTIFICATE OF DEATH.

1906

(Place of Death.) No. The Thos Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Crook

{ Residence, if in Baltimore, Give Street and Number. } 1903 Lanley Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Joseph Pete

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/8- 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1906

I HEREBY CERTIFY, That I attended deceased from June 25 1906 to Sept 2 1906 that I last saw h[illegible] alive on Sept 2 1906, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Wm Knox Jr M.D.
804 Cathedral St
1005 Eutaw

Address .....

Date Sept 3rd 1906

Place of Burial .....

Date ..... 190 ....

Undertaker .....

Address .....

COLLEGE OF P. & S.
SEP 4 - 1906
Commissioner Health.

FOR STATISTICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93316

City of Baltimore, (No. 103, Smlt Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Harroon

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Unknown child was a foundling (Month) (Day) 1 (Year)
AGE	Abt 2 months. years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. R. Bruns M.D.

(Address) 570 Park Ave

Filed 9/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Septemb 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1906 to Sept. 1st 1906 that I last saw her alive on Sept 1st 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory Neglect

(DURATION) DAYS

(Signed) Henry R. Bruns M. D.

Sept 1st 1906 (Address) 570 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	SEP 4 - 1906
UNDERTAKER	ADDRESS
Commissioner Health,	Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMOR

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. 93317

Registered No. B.....

City of Baltimore, (No. 1053, N. Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Isaac Gunnn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1906 (Year)

AGE: ..... years, One months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Hopkins Hospl.

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Gertrude Gunnn

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 9/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 2 1906 that I last saw h im alive on Sept 2 1906, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Prostration due to Cholera infantum

(DURATION) ..... DAYS

Contributory .....

(DURATION) 8 DAYS

(Signed) E. L. Peterson M. D.

Sept 17th 1906 (Address) 1053 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: SEP 4 - 1906

UNDERTAKER: Commissioner Health,

ADDRESS: Health Office

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 93318 Registe...

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Pier #16 Light St Wharf. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Carroll 6.

{Residence, if in Baltimore, Give Street and Number.} 812 Peach Al

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored.
DATE OF BIRTH	Dont know
AGE	42 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	New Orleans.
FULL NAME OF FATHER	dont know
BIRTHPLACE OF FATHER (State or country)	dont know
MAIDEN NAME OF MOTHER	Dont know
BIRTHPLACE OF MOTHER (State or country)	Dont know
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Carroll 6 Wife

(Address) 812 Peach Al.

Filed 9/5 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 10:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date September 4 1906

Place of Burial Pine Grove

Date Sept 5 1906

Undertaker Isaiah L Brawnson

Address 1081/2 Montgomery St

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undert... can be ascertained, the full name, sex, age, co... ndertaker, or other person superintending the burial, a certificate setting forth, as far as the same ge, condition (whether married or single) of the person deceased, and the cau... e cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93819

City of Baltimore, (No. 1825, Hope St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Gough.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December (Month) 13 (Day) 1876 (Year)

AGE: 30 years, 9 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: John Henry Karsten

BIRTHPLACE OF FATHER (State or country): Hanover - Germany

MAIDEN NAME OF MOTHER: Elizabeth Class

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House-wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Gough

(Address) ~~#~~ 1825 Hope St.

Filed 9/5, 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1906 to Sept 3 1906 that I last saw her alive on Sept 3 1906, and that death occurred, on the date stated above, at 8.35 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

10 months (DURATION) 3 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Howard Ebner Ashbury M. D.

Sept 4 1906 (Address) Charles & Lafayette Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Geo Mosser | ADDRESS: 1442 N Gay.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93320 Reg. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1813 W. North Ave, St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary W Shearer

{ Residence, if in Baltimore, Give Street and Number. } 1813 W. North Ave

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	June 10 1838
AGE	68 years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Scotland
FULL NAME OF FATHER	John Ware
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Janet Kay
BIRTHPLACE OF MOTHER (State or country)	Scotland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mollie Montgomery

(Address) 1813 W North ave

Filed 9/5 1906 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 4th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Sep 4 1906 that I last saw her alive on Sep 4 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 hours ~~DAYS~~,

Contributory (Primary.) Arterio Sclerosis

Dont Know (DURATION) DAYS

(Signed) Chas H. Dubert, M.D.

Address 1100 W. Laf. Ave

Date Sept. 5th 1906

Place of Burial Linden Park

Date Sept 7th 1906

Undertaker G. F. Walker

Address 723 W Laf. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 669 Columbia Av, St.; 12 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 93321

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E. Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 7 1885 (Month) (Day) (Year)

AGE: 20 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robt. S. Thomas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura V. Birmingham

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt S. Thomas

(Address) 1638 Hanover St.

Filed 9 5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Sept 3 1906 that I last saw h[im] alive on Sept 3 1906, and that death occurred, on the date stated above, at 8-20 A. M. The CAUSE OF DEATH was as follows:

Acute dilatation of Heart

Contributory Chronic Diffuse nephritis (DURATION) 3 DAYS (DURATION) Indefinite DAYS

(Signed) R. L. Campbell M. D.

Sept 3 1906 (Address) 1644 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1638 Hanover St. How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death? Unknown

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 5 1906

UNDERTAKER: W. J. Lickner Sons

ADDRESS: President St

4

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, C...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93322

City of Baltimore, (No. 2010, E. North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Carrick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 26 (Day) 1886 (Year)

AGE: 20 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Jas. P. Carrick

BIRTHPLACE OF FATHER (State or country): Prince Geo. Co. Md

MAIDEN NAME OF MOTHER: Sarah M Griffith

BIRTHPLACE OF MOTHER (State or country): Aa. Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. A. Kemp for Family

(Address) 8 W 25th St

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 4th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sometime 190 to Sept 4 1906 that I last saw h-- alive on Sept 4 1906, and that death occurred, on the date stated above, at 2 P M. The CAUSE OF DEATH was as follows:

General Tuberculosis

existing over Some years

(DURATION) DAYS

Contributory Disease of Ear Some Time

Tuberculer (DURATION) DAYS

(Signed) W F A Kemp M. D.

Sept 4 1906 (Address) 8 W 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Geo J Smith Co.

ADDRESS: 1000 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...rnish within ...far as the same ...and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret O'Toole 93323

Residence, if in Baltimore, Give Street and Number. 514 N. High St.

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 28 1861

AGE: 45 years, 3 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Lee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Giles

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Toole

(Address) 514 N. High St.

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Sept. 4 1906 that I last saw h.. alive on Sept 4 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Atrophic Cirrhosis of Liver (DURATION) DAYS

(Signed) Ernst. Pfluger M.D.

Address St. Joseph's Hospital

Date Sept 4 1906

Place of Burial Cathedral Cemetery

Date Sept. 6" 1906

Undertaker Evans & Spence

Address 18 & 120 N. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 9350

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 W Duncan St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Weller 93324

{ Residence, if in Baltimore, Give Street and Number. } 716 W Duncan St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 15 1906

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Weller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Lasic

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Weller

(Address) 716 W. Duncan St

Filed 9/5 1906 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1906 to Sept 3 1906

that I last saw h— alive on ..... 190....,

and that death occurred, on the date stated above, at 4.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

Exhaustion (DURATION) 3 DAYS

(Signed) William F. Rysanek M.D.

Address 2008 Ashland Ave

Date Sept. 4 1906

Place of Burial Old Cathedral.

Date Sept. 5 1906

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 93325

(Place of Death.) No. 237 N Patterson Park av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Frank Skinner

{ Residence, if in Baltimore, Give Street and Number. } 237 N Patterson Park av

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 6 1906

AGE ..... years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frank J Skinner

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ethel E Denis

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank J. Skinner

(Address) 237 N Patterson Park

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 4 1906 that I last saw him alive on Sept 4 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs = Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Meningitis ?

Exhaustion (DURATION) 2 DAYS

(Signed) Adolph C Eisenhauer M.D.

Address 2213 Orleans St

Date Sept 4th 1906

Place of Burial Mt Olivet

Date Sept 6 1906

Undertaker Frank Brach

Address 1904 Holland Ave

MARY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 93326

City of Baltimore, (No. 537, N. Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susannah A Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feby (Month) 18 (Day) 1830 (Year)

AGE: 76 years, 6 months, 17 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore - Maryland.

FULL NAME OF FATHER: Thos. Francis

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno W. McKeown

(Address) 537 N Wolfe St

Filed 9/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1906 to Sep 4 1906 that I last saw her alive on Sep 3 1906, and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Old age.

(DURATION) DAYS

Contributory Chronic Debility

(DURATION) DAYS

(Signed) Walter D. White, M. D.

Sep 4 1906 (Address) 1107 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Sept 6 1906 C.

UNDERTAKER: H Sander Sons — ADDRESS: 1710 Eastern Av

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Oliver 93327

{ Residence, if in Baltimore, Give Street and Number. } 922 Asquith Street

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	May 1827
AGE	78 years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	David Oliver
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Margaret Perry
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Marion Oliver

(Address) 922 Asquith st

Filed 9/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to Sept 4 1906 that I last saw h alive on Sept 4 1906, and that death occurred, on the date stated above, at 3.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of Tonsils

..... (DURATION) ..... DAYS

(Signed) Howard A. Kelly M.D.

Address Johns Hopkins Hospital

Date (9. 14) 1906

Place of Burial London Park Cemetery

Date Sept 6th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 93328

City of Baltimore, (No. 2201 Christian St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alex N Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Sept 14 1857 (Month) (Day) (Year)

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo Evans.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catrine Evans

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Brick maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Evans

(Address) 2201 Christian St

9/5- 6 190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 190 6 to Sept 4 190 6

that I last saw h[illegible] alive on Sept 2 190 6,

and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Cardiac Exhaus

(DURATION) 7 DAYS;

Contributory Gastro Enteritis

(DURATION) 6 mos DAYS

(Signed) H. Talen M. D.

Sept 9 190 6 (Address) 1621 N Broad

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Waterns Cemetay	Sept. 7th 190 6
UNDERTAKER	ADDRESS
H. F. McCormick	1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93990

City of Baltimore, (No. 39, E West St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm J. Milom

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 19 1906 (Month) (Day) (Year)

AGE: ..... years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Rufus E Milom

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Maude Fair

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Milom

(Address) 39 E West

Filed 9/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 5 1906 that I last saw h[im] alive on Sept 5 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. L. Gunhano M. D.

Sept 6 1906 (Address) 1303 Eyles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Elizabethtown Penn.	SEP 5 - 1906 190
UNDERTAKER	ADDRESS
HARRY C. ANDREWS, PERRIE GILBERT	Armstrong Dening Co. 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

of Vital Statistics in the City of Baltimore.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registration District .....

CERTIFICATE OF DEATH.

9330

(Place of Death.) No. 3043 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jose Perini (Perini)

{Residence, if in Baltimore, Give Street and Number.} 3043 Elliott st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 1906

AGE — years, 2 months, 3 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Antonio Perini

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Angie Vosti

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonio Perini

(Address) 3043 Elliott St

Filed 9/5 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1906 to Sept 4th 1906

that I last saw her alive on Sept 3rd 1906,

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 20 DAYS

(Signed) C. V. Atkeson M.D.

Address Dr Hudson Post Rd

Date Sept 4th 1906

Place of Burial Oak Lawn

Date Sept 6. 1906

Undertaker J. B. Cook

Address 100 340 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Carroll St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William B Beachem 9333

{ Residence, if in Baltimore, Give Street and Number. } 1225 Carroll st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug 29 1829
AGE	27 years, — months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wm B Beachem
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Elizabeth C Herman
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Chairmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Beachem

(Address) 1225 Carroll

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1906

I HEREBY CERTIFY, That I attended deceased from May 29 1906 to Sept 3 1906 that I last saw h in alive on Sept 3 1906, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

5 months (DURATION) 5 DAYS

Contributory (Primary.) asthenia

(DURATION) 1 DAY

(Signed) J. E. Muse M.D.

Address 855 Columbia ave

Date Sept 4 1906

Place of Burial Loudon Park

Date Sept 6. 1906

Undertaker Jas B Cook

Address 1003 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93332

City of Baltimore, (No. 1021 Green St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Gibbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 22 (Month) (Day) 1815 (Year)

AGE: 90 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjamin Dorter

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Jane Cole

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Gibbs (Daughter)

(Address) 1021 Green St

Filed 9/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Sept 4 1906, that I last saw her alive on Sept 3 1906, and that death occurred, on the date stated above, at 9-45 A. M. The CAUSE OF DEATH was as follows:

Chronic Disease of Heart - Artio - Sclerosis.

Two Months (DURATION) DAYS

Contributory old age

(DURATION) DAYS

(Signed) W. Wilson M. D.

Sept 4 1906 (Address) 1220 E. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemy	Sept 7 1906
UNDERTAKER	ADDRESS
Felix B. Ryan	1021 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA[TH]

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Louisa Peterson

{Residence, if in Baltimore, Give Street and Number.} 2326 Etting St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: Dont Know 1

AGE: about 75 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. G. Bishop

(Address) 1107 W Pratt St

Filed 9/5 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Sept 3 1906

that I last saw her alive on Sept 3 1906

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis followed by Chronic Coma

Taken induced by Cerebral Hemorrhage (DURATION) 2 DAYS

Con'ributory (Primary.) (DURATION) DAYS

(Signed) L. L. Hawkins M.D.

Address 1202 Druid Hill Ave

Date Sept 4 1906

Place of Burial Mt Auburn Cemetery

Date Sept 6 1906

Undertaker J. G. Bishop

Address 1107 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Removal to 1107 W Pratt to 2326 Etting St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

93334

Registered No. B.....

City of Baltimore, (No. 114 S. Gilmore St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Maggie McIntosh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 26 (Day) 1871 (Year)

AGE: 35 years, 7 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Robert B Henry

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Margaret K Stanfield

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Coomes.

(Address) 114 S Gilmore st

Filed 9/6 1906 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1906 to Sept 4 1906

that I last saw h-er alive on Sept 4 1906,

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

.....

.....

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) John A Evans M. D.

Sept 4 1906 (Address) 101 N. Caroll st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Lewis F Shaaff

ADDRESS: 36 N. Fremont St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 93335 Registered No. B 93335

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CERTIFICATE OF DEATH.

(Place of Death.) No. 504 E Clement St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mildred Williams

{Residence, if in Baltimore, Give Street and Number.} 504 E. Clement St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 28 1905

AGE 0 years, 10 months, 7 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED X

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Albert A Williams

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Harriet Viola Reigle

BIRTHPLACE OF MOTHER (State or country) Anna Arundel Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John T Williams

(Address) 504 E. Clement St.

Filed 9/6 1906

HARRY C. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 1906

I HEREBY CERTIFY, That I attended deceased from August 29 1906 to Sept 4 1906

that I last saw h alive on Sept 4 1906,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 5 Weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles

Date Sept 7th 1906

Place of Burial Odenton A. A. Co Md

Date Sept 6th 1906

Undertaker S. E. I Fanning

Address 1460 Battery av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — Registered No. B 93336

93336

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Summer E. Lee

{ Residence, if in Baltimore, Give Street and Number. } 133 w west St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	Mch 15 1906
AGE	..... years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. md
FULL NAME OF FATHER	Wm Lee
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Rosetta Henry
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosetta Lee

(Address) 133 w west St

Filed 9/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 4 1906

that I last saw him alive on Sept 4 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 5 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 5 DAYS

(Signed) C. H. Lawrence M.D.

Address #1148 Pratt St.

Date Sept 5 1906

Place of Burial Mt. Auburn

Date Sept 6 1906

Undertaker Jno. H. Goodwin

Address 1216 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93337

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 93337

City of Baltimore, (No. 734 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Washington

PERSONAL AND STATISTICAL PARTICULARS

SEX: M a | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): V a

FULL NAME OF FATHER: William Washington

BIRTHPLACE OF FATHER (State or country): V a

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Washington

(Address) 734 Bradley st

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 5 1906

that I last saw him alive on Sept 2 1906,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonary

about one year (DURATION) X DAYS

Contributory +

(DURATION) DAYS

(Signed) J Van Williams M. D.

Sept 1906 (Address) 701 Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Wm J H Hooper | ADDRESS: 609 Litt Paca st

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward D

Registered No. B 93338 (93338)

CERTIFICATE OF DEATH.

(Place of Death.) No. 2520 E Federal st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret R Roberts

{Residence, if in Baltimore, Give Street and Number.} 2520 E Federal st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 4th 1862

AGE: 44 years, 1 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert Bruce

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Ellen Holy

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M A Roberts

(Address) 2520 E Freidenal st

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4. 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 4 1906 that I last saw h alive on " " 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (Embolic)

(DURATION) 2 DAYS

Contributory (Primary.) Malignant Growth in abdomen

(DURATION) 2 years DAYS

(Signed) Lee A. Hartman M.D.

Address 1121 N Caroline St.

Date Sept. 5 1906

Place of Burial Baltimore Cemetary

Date Sept 7th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

HARRY G. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93339 — Registered No. B 93339 — 152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May ~~Rooney~~ Reaney

{ Residence, if in Baltimore, Give Street and Number. } 1309 W. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Sept. 5 1906

AGE: 10 hours — ... years, ... months, ... hrs ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Robert P. Raeney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Kinsella

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert P. Raeney

(Address) 1309 W. Cross St.

Filed 9/6 1906 — [illegible] PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 6 1906 that I last saw h[illegible] alive on Sept 6 1906, and that death occurred, on the date stated above, at 12 day. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis Neonatorum

10 hours (DURATION) ~~DAYS~~

Contributory (Primary.) Heart failure

10 hours (DURATION) ~~DAYS~~

(Signed) Jos. E. Muse M.D.

Address 655 Columbia ave

Date September 5 1906

Place of Burial Mt. Olivet

Date Aug 6 1906

Undertaker Wm. J. Tickner & Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93340

Registered No. B

City of Baltimore, (No. 214 Lemon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie B. Reiser

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH August (Month) 30 (Day) 1900 (Year)

AGE 6 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John M. Reiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Rödlingshofer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Reiser

(Address) 219 Lemmet

Filed 9/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 21 1906 to Sept 4 1906 that I last saw her alive on Sept 4 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Cerebro-Spinal Fever

(DURATION) 40 DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) William Frank M. D.

Sept 5 1906 (Address) 1467 N. Fay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park Cem. DATE OF BURIAL Sept. 7 1906

UNDERTAKER Geo. Lysinbach & Son ADDRESS 641 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20th 93341 Registered No. B 93341

CERTIFICATE OF DEATH.

(Place of Death.) No. 1057 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherina G. Roch

{ Residence, if in Baltimore, Give Street and Number. } 1045 William St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female | COLOR White

DATE OF BIRTH October 1. 1906

AGE ..... years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Louis Roch

BIRTHPLACE OF FATHER (State or country) Germania

MAIDEN NAME OF MOTHER Louise Peters

BIRTHPLACE OF MOTHER (State or country) Germania

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Roch

(Address) 108 Cross & Williams

Filed 9/6 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to ..... 190.. that I last saw her alive on Sept 4 1906, and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAY

Contributory (Primary.) Cardiac failure

(DURATION) 2 Hrs

(Signed) E. D. Ellis M.D.

Address 915 Lighter

Date Sept 5 1906

Place of Burial Leader Hill

Date Sept 7 1906

Undertaker John E. Evans & Son

Address 1426 E. Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 Madison St. Balto 2nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Thar.

{ Residence, if in Baltimore, Give Street and Number. } 308 Madison St. 9:3342

Duration of Residence in Baltimore. 26 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 10 1906

AGE — years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing'e.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel Thar.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Gertrude Heinbach.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Heinbach

(Address) 308 Madison St. Balt

Filed Sept. 6 1906 Registrar

Lait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 5 1906 that I last saw her alive on Sept 5 1906, and that death occurred, on the date stated above, at 2-00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

2 weeks (DURATION) — DAYS

Contributory (Primary.) Adenoea.

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital.

Date Sept 5, 1906

Place of Burial St. Peter's Cemetery

Date Sept. 6th 1906

Undertaker M. Cadogan

Address 696 W. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93343

Registered No. B.....

City of Baltimore, (No. 2732 W. Lafayette Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Elsie Marie Stewart.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr. (Month) 22 (Day) 1900 (Year)

AGE: 6 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Ira A. Stewart

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Emma L. France

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. C. Dulany

(Address) 3053 W. Pratt ave

Filed Sept 6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 5th 1906 that I last saw h-r alive on Sept 5th 1906, and that death occurred, on the date stated above, at 6.45 A. M. The CAUSE OF DEATH was as follows:

Pharyngeal Syphilis

(DURATION) 8 DAYS

Contributory Heart Paralysis.

(DURATION) 1 DAYS

(Signed) I. C. Dulany M. D.

Sept. 5 1906 (Address) 3053 W. Pratt ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laudon Park Cemetery — DATE OF BURIAL: Sept 6 1906

UNDERTAKER: Geo. J. Smith & Co — ADDRESS: 1000 W Fayette st

4 P M.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, ***sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93347

City of Baltimore, (No. 1800, Guilford Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Laura May Benson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 4 1872 (Month) (Day) (Year)

AGE: 33 years, 10 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Benson

(Address) 1800 Guilford ave

Filed 9/6 1906

HARRY [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 31st 1906 to September 3rd 1906 that I last saw h.. alive on Sept 3rd 1906, and that death occurred, on the date stated above, at 10.45 P. M. The CAUSE OF DEATH was as follows:

Acute Articular Rheumatism-
Nephritis (DURATION) 4 DAYS
Contributory Pericarditis
(DURATION) 4 DAYS

(Signed) Reginald J. Town M. D.
Sept 4th 1906 (Address) 2206 York Road.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept. 6th 1906

UNDERTAKER: Geo. Bentz — ADDRESS: 534 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93345

City of Baltimore, (No. 1640, Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lydia McDonald

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Unknown (Month) 1 (Day) (Year)
AGE	53 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Thomas Hyland
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis McDonald

(Address) 1640 Biddle St.

Filed 9 6 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20, 1906 to Sept 6, 1906 that I last saw her alive on Sept 5, 1906, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Paralysis (General)

about 7 weeks (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. A. Clewell M. D.

Sept 6 1906 (Address) 1741 Hanford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	Sept. 8 1906
UNDERTAKER	ADDRESS
Henry Hooks & Son	130 E. Eager Jr.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93346 — Registered No. B 93346

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Albert Bruce

{Residence, if in Baltimore, Give Street and Number.} 506 Campbell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Nov. 15 1844

AGE 61 years, 9 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Albert Bruce

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Sophia Brenner

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Bruce

(Address) 754 St. Francis St

Filed 9/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Aug 29 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Brights Disease

(DURATION) DAYS

(Signed) C Frank Jones M.D.
Coroner Bpd

Address 11

Date Sept 5 1906

Place of Burial Baltimore Cem

Date Sept 6 1906

Undertaker Jos B. Cook

Address 1003 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 93347

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Jeffries (Sarah R. Jeffries)

{ Residence, if in Baltimore, Give Street and Number. } 1017 Highland Ave.

Duration of Residence in Baltimore. 4yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Co.

DATE OF BIRTH March 9th 1853

AGE 93 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert Wiley

BIRTHPLACE OF FATHER (State or country) V a

MAIDEN NAME OF MOTHER Rebecca Bibb

BIRTHPLACE OF MOTHER (State or country) V a

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Jeffries

(Address) 1017 Highland Ave.

Filed 9/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to Sept. 5th 1906

that I last saw her alive on Sept. 5th 1906,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

3rd wk (DURATION) - DAYS

Contributory (Primary) Acute dysentery

(DURATION) DAYS

(Signed) Wm G. Dorsey M.D.

Address City Hospital

Date September 5th 1906

Place of Burial Oak Lawn Cem

Date Sept. 7 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts and 1705-1710 Eastern Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93348 Registered No. B 93348

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Fink

{Residence, if in Baltimore, Give Street and Number.} 1424 Anthony Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 4th 1842

AGE: 63 years, 10 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Fink

(Address) 1424 Anthony St.

Filed 9/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 2 1906 that I last saw h~~im~~ alive on Sept 2 1906, and that death occurred, on the date stated above, at 10:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date September 3 1906

Place of Burial Ist Evangelical Cem

Date Sept 7 1906

Undertaker HENRY GAITHER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93349

City of Baltimore, (No. 1401 Cookie St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Rinkle

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. (Month) 26 (Day) 1904 (Year)

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Rinkle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Rinkle

(Address) 1401 Cookie St.

Filed 9/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 5th Sept 1906 to 5th Sept 1906 that I last saw h-r alive on 5th Sep 1906., and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Membranous croup
or Diphtheria, (DURATION) 2 DAYS

Contributory Exhaustion (DURATION) 2 DAYS

(Signed) James Lopez M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Sept 6 1906
UNDERTAKER	**ADDRESS**
H Sander Sons	710 Canton Av

WM. J. C. DULANY CO., BALTIMORE.

Note This case arrived this A.M. from Clayton. Del. Was diagnosed there as Cases of Hip Typhoid. Child was dying on my arrival at house 2 P.M.

Ward 1 — 93350 — Registered No. B 93350 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 2232 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Rohde

{Residence, if in Baltimore, Give Street and Number.} 2232 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 10th 1876

AGE: 30 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles L. Rohde

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes M. Walsch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shipcarpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Rohde

(Address) 412 S. Patterson Park Ave.

Filed 9/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5th 1906

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to Sept 5 1906 that I last saw h[im] alive on Sept 4 1906, and that death occurred, on the date stated above, at 2:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Osteo-sarcoma

about 2 mos (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 7 DAYS

(Signed) Geo Adler M.D.

Address 1937 Bonaparte St

Date Sept 5 1906

Place of Burial Loc Laron Cem

Date Sept 6 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts. and 1703-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93351

Registered No. B .....

City of Baltimore, (No. 2035 Frederick Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Hart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 31 (Day) 1889. (Year)

AGE: 16 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Nicholas Hart

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Annie Foley

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hart

(Address) 2035 Frederick Ave

Filed 9/6 1906

HARRY O. ANDREWS, PERRIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 4th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 21 1906 to Sept 4th 1906

that I last saw h-- alive on Sept 4 1906,

and that death occurred, on the date stated above, at 1-30 P. M. The CAUSE OF DEATH was as follows:

Tuberculous pneumonia

(DURATION) 2 weeks.

Contributory Exhaustion

(DURATION) 1 week

(Signed) W. H. Nicholas M. D.

Sept. 5 1906 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Sept 7 1906

UNDERTAKER: N. S. Fink

ADDRESS: 2113 N. Pooth St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93352 Registered No. B 93352

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 N. Patterson Park Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Stanley Meyers

{Residence, if in Baltimore, Give Street and Number.} 511 N. Patterson Park

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frank F. Meyers

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Margaret Folley

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Meyers.

(Address) 511 N. Patterson Park Ave

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsion

(Duration)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Joseph Carnes M.D.

Address Same

Date Sept 6 — 06 1906

Place of Burial Private Cemetary Chas sta Balto Md.

Date Sept 7 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. ... the Physician who attended during his or her last sickness, ... the Undertaker, or other person superintending the burial, a certificate ... can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 93353 — Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 303, West Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan B. Henderson

{ Residence, if in Baltimore, Give Street and Number. } 303 West Lanvale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Jan 6th 1860

AGE: 56 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Dutes

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: — Jaggart

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Henderson

(Address) 303 W. Lanvale St

Filed 9/6 1906 — MARY G. ANDREWS, FAMILY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190....., that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Chas Bachmann M.D.

Address 700 Lafayette Ave. (Corner)

Date Sept. 6th 1906

Place of Burial: Germantown Mem'l Co. Wid.

Date Sept 6 1906

Undertaker E.M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93354 Registered No. B 93354

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gallagher

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum.

Duration of Residence in Baltimore. 18 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Sept. 5 1906 that I last saw h e alive on Sept 5 1906, and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac insufficiency
General arterio sclerosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Epithelioma
of clitoris (DURATION) ..... DAYS

(Signed) Walter D. Shee M.D.

Address Bay View Hospital

Date Sept. 6 1906

Place of Burial Sacred Heart

Date Sept. 6 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 93355 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes B. Rennie

{Residence, if in Baltimore, Give Street and Number.} 104 E. Cross st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 21 1906

AGE — years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Archibald J. Rennie

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Bertha M. Schnerholz

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archibald J. Rennie

(Address) 104 E Cross st

Filed 9/6 1906 HARRY O. ANDREWS, PRINT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1906 to Sept 4 1906 that I last saw h[illegible] alive on Sept 4 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus due to mal-nutrition

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date Sept 6 1906

Place of Burial Western Cemetery

Date Sept 7 1906

Undertaker F. A Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93356

93356

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Wells

{Residence, if in Baltimore, Give Street and Number.} 530 n Vincent St

Duration of Residence in Baltimore. Baltimo 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH May 20 1858

AGE 48 years, 3 months, 14 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) West Virginia

FULL NAME OF FATHER William Wells

BIRTHPLACE OF FATHER (State or country) West Virginia

MAIDEN NAME OF MOTHER Fannie Jenny

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophie Wells Daughter

(Address) 533 Vincent St

Filed 9/6 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 2 1906 that I last saw h in alive on Aug 7 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

3 mths (DURATION) DAYS

Contributory (Primary.) Consumption

18 months (DURATION) DAYS

(Signed) F. C. Morton M.D.

Address 638 N Gilmor

Date Sept 6th 1906

Place of Burial Mount Auburn

Date Sept 7 1906

Undertaker A H Owens & Son

Address 1202 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93357

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occu Hospital or Institution give its Name instead of Street and Number)

Full Name Bridget Mc Mally

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 28 1828

AGE: 77 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Dowd

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ellen Fey

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley sts

Filed 9/6 1906

[illegible] C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 5th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on July 31 1906,

and that death occurred, on the date stated above, at 8.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea

3 months (DURATION) ..... DAYS

Contributory (Primary.) .....

Exhaustion (DURATION) ..... DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley N

Date Sept 6 1906

Place of Burial Holy Cross

Date Sept 7th 1906

Undertaker Henry C. Wiedefield

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — Registered No. B 93358

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wetzen Buckley

{Residence, if in Baltimore, Give Street and Number.} 413 Courtland St.

Duration of Residence in Baltimore. 1 yr. 8 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): New Jersey.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. W. H. Short

(Address) 1012 E. Mount St.

Filed 9/6 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1906 to Sept 6 1906

that I last saw h in alive on Sept 6 1906.

and that death occurred, on the date stated above, at 9 15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Cirrhosis of Liver.

(DURATION) DAYS

(Signed) W. H. Short, M.D. P. & S. G.

Address MD Homoeopathic Hospital.

Date Sept. 6 1906.

Place of Burial Reading Penn.

Date Sept. 6th 1906

Undertaker Jno A. Inman

Address Balto & Amsts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93559 Registered No. B 93351

CERTIFICATE OF DEATH.

(Place of Death.) No. 220 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J. Sherwood

{ Residence, if in Baltimore, Give Street and Number. } 220 S Chester St.

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 22nd 1818

AGE 88 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER Henry Shartz

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sherwood

(Address) 220 S. Chester St

Filed 9/6/06 HARRY CS ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Sept 4th 1906 that I last saw her alive on Sept 3 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. B. Britton M.D.

Address 1711 E. Balt. St.

Date 190

Place of Burial Greenmount Cem

Date Sept 7th 1906

Undertaker John A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93360

Registered No. B.....

City of Baltimore, (No. 27. N Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian agnes Montisseth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. 14 th (Month) (Day) 1885 (Year)

AGE 21 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jos. E. Montisseth

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Thressa L Weaver

BIRTHPLACE OF MOTHER (State or country) Fred. Md

OCCUPATION OF DECEASED Hat Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. E. Montisseth

(Address) 27. N mount St

Filed 9/6 1906 HARRY O. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1906 to Sept. 1903

that I last saw h[illegible] alive on Sept 3 1906,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever (DURATION) 4 weeks DAYS

Contributory (DURATION) DAYS

(Signed) G. W. Slater M. D.

Sept 4 1906 (Address) 1703 W. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL 9/7 1906

UNDERTAKER Crowley Bros | ADDRESS 251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 93361 Registered No. B 93361

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 Abbott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kuchunie Pazoumek.

{ Residence, if in Baltimore, Give Street and Number. } 1641 Abbott St.

Duration of Residence in Baltimore. 34 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH April 17, 1833

AGE 73 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow.

BIRTHPLACE (State or country) Bohemia.

FULL NAME OF FATHER John Stones.

BIRTHPLACE OF FATHER (State or country) Bohemia.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Bohemia.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Novak M.D.

(Address) 800 N. Broadway.

Filed 9/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1906 to Sept. 5 1906 that I last saw h[er] alive on Sept. 5, 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction following strangulated hernia. (DURATION) 7 DAYS

Contributory (Primary.) Senile asthenia. (DURATION) 7 DAYS

(Signed) Emil Novak M.D.

Address 800 N. Broadway.

Date Sept. 6, 1906

Place of Burial Holy Redeemer

Date Sept 7 1906

Undertaker Frank Busch

Address 1907 Collamer Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2207 E. Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Bubenik

{Residence, if in Baltimore, Give Street and Number.} 2207 E Ashland ave

Duration of Residence in Baltimore. 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Jan Bubenik

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED ~~Tailor~~ Carpet

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Bubenik

(Address) 2207 E Ashland Ave

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5. 1906

I HEREBY CERTIFY, That I attended deceased from May 14. 1906 to Sept. 5 1906

that I last saw h im alive on " 1906

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Yr (DURATION) DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Rysaver M.D.

Address 2008 Ashland Ave

Date Sept. 5. 1906

Place of Burial Holy Redeemer

Date Sept 7 1906

Undertaker Frank Brack

Address 1904 Ashland a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

93363

Registered No. B 93363

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonidas Armenius Tyler Jr.

{Residence, if in Baltimore, Give Street and Number.} 466 E. Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 26 1868

AGE: 38 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Leonidas A. Tyler

BIRTHPLACE OF FATHER (State or country): Dorcester Co

MAIDEN NAME OF MOTHER: Theresa Berryman

BIRTHPLACE OF MOTHER (State or country): Serry

OCCUPATION OF DECEASED: Bag dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia A Tyler

(Address) 466 E Barre

Filed 9/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 4 1906

I HEREBY CERTIFY, That I attended deceased from Co Coroner- 190 to 190

that I last saw h alive on 190 3 PM

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis. Aortic Lymdope

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Frank Jones M.D. Coroner Balto

Address

Date 190

Place of Burial Cedar Hill

Date Sept 7th 1906

Undertaker E Schlosman & Son

Address 139 Hanover St

Past mortem ordered

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 93504 Registered No. B 103

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 ½ W Cross St (If Death occurred in Hospital or institution, give its Name instead of Street and Number) St.

Full Name Helma W Gundlach. (Helma)

{ Residence, if in Baltimore, Give Street and Number. } 124 W Cross St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 12th 1905

AGE ..... years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto md.

FULL NAME OF FATHER Herman Gundlach.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Anna Prechlett

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman W. Gundlach

(Address) 124 W Cross St

Filed 9/6 1906 HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1906 to Sept 5th 1906 that I last saw h[illegible] alive on Sept 5th 1906 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

1 month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Downes M.D.

Address 1340 Scholars

Date Sept 6th 1906

Place of Burial London Park

Date Sept 7th 1906

Undertaker C. Schlosman & Son

Address 1824 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93365 Registered No. B 93365

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Rawlings

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Lamar Kellerday supt

(Address) BAY VIEW ASYLUM

Filed 9/6 1906

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 5 1906 that I last saw h in alive on Sept 5 1906 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Tabes

Pneumonia (DURATION) DAYS

(Signed) Walter D Thee M.D.

Address Bay View Asylum

Date Sept 5 1906

Place of Burial Dulaney Dale

Date September 6 1906

Undertaker Thos. D Shanly

Address 41 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B 93366

93366

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Brown,

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. ~~Life~~ 70 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	May 26th 1906
AGE	..... years, 3 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	W. Va.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1906

I HEREBY CERTIFY, That I attended deceased from ~~June 4th~~ June 4 1906 to Sept 6th 1906 that I last saw h[illegible] alive on Sept 5th 1906, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N. Caroline St

Date 9/6 1906

Place of Burial New Cathedral

Date Sept. 7th 1906

Undertaker Martin Fahey's Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93367

Registered No. B

City of Baltimore, (No. 1311 Orleans St St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)	
AGE: 2 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Ellis Johnson
BIRTHPLACE OF FATHER (State or country)	North Carolina
MAIDEN NAME OF MOTHER	Lettie Watkins
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lettie Johnson

(Address) 1311 Orleans St

Filed 9/6 1906 HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1906 to Sept 5th 1906

that I last saw h im alive on Sept. 4th 1906,

and that death occurred, on the date stated above, at 11.20 a. m. The CAUSE OF DEATH was as follows:

(Enteritis)

(Summer Diarrhoea)

(DURATION) Several months

Contributory Rachitis

(DURATION) Several months DAYS

(Signed) A. F. Ries M. D.

Sept. 5th 1906 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion C	Sept 7th 1906
UNDERTAKER	**ADDRESS**
Wm J Gorsuch	1421 Fulliton St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 93368 9

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Rumert St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Walter Lea

{ Residence, if in Baltimore, Give Street and Number. } Rutherford N. J.

Duration of Residence in Baltimore. 1 week

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 4 1846

AGE 61 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Montgomery Co. Md.

FULL NAME OF FATHER Edward Lea

BIRTHPLACE OF FATHER (State or country) Del

MAIDEN NAME OF MOTHER Deborah A. Pierce

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Mfg. agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. Lea

(Address) Towson Md.

Filed Sept 7 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound in head. Suicide

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Benj. D. Hopkins M.D.

1216 N. Carolina St Gardener

Address 1216 E. Eutaw St

Date Sept. 6 1906

Place of Burial Laurel Md

Date Sept 7th 11 1906

Undertaker Stewart & Mowen

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B 93369

93369

CERTIFICATE OF DEATH.

Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonio Quintus

Residence, if in Baltimore, Give Street and Number.

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Spain

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. E. Williams

(Address) U.S. Marine Hospital

Filed 9/7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6 1906

I HEREBY CERTIFY, That I attended deceased from September 4 1906 to September 6 1906 that I last saw him alive on September 6 1906, and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Pernicious Malaria (DURATION) 3 DAYS

(Signed) L. E. Williams M.D.

Address U.S. Marine Hospital

Date September 6 1906

Place of Burial Ivy Hill Cemetery

Date Sept 7th 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93370

City of Baltimore, (No. 1613 Aliceanna St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis B Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 14 1844 (Month) (Day) (Year)

AGE: 62 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Matthews

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. M. Matthews

(Address) 1613 Aliceanna St.

Filed Sept 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19 1906 to Sept 4 1906

that I last saw h in alive on Sept 4 1906,

and that death occurred, on the date stated above, at 2-30 P. M. The CAUSE OF DEATH was as follows:

Intestines

(DURATION) 14 DAYS

Contributory Chronic Dysentery (DURATION) 6 WEEKS DAYS

(Signed) R E L Campbell M. D.

Sept 4 1906 (Address) 1644 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Hill	Sept 7 1906
UNDERTAKER	ADDRESS
John E Ennis	1128

J Edwards

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93377

CERTIFICATE OF DEATH.

Place of Death.) No. 1619 Riggs ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A Butler

{ Residence, if in Baltimore, Give Street and Number. } 1619 Riggs av

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Brapton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Ringal

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Hard Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ringal

(Address) 1619 Riggs av

Filed Sept 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

about two years (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Laf. av. (Comm.)

Date Sept 6th 1906

Place of Burial Mt Auburn Cem.

Date Sept 7 1906

Undertaker Wm J Johnson

Address 1403 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93372 Registered No. B 93372

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 900 McKim St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Firth

{Residence, if in Baltimore, Give Street and Number.} 900 McKim st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 19 1870

AGE: 36 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Gable Fullman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Louse Carter

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Fullman

(Address) 900 McKim st

Filed Sept 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 6 1906

that I last saw h-- alive on Sept 5 1906,

and that death occurred, on the date stated above, at 6 45

1 m. CAUSE OF DEATH (Secondary or Immediate)

Asthma, probably

Tubercular

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James M Fenton M.D.

Address 708 E Chase st.

Date Sept 6 1906

Place of Burial Methodist Cemetery

Date Sept 8th 1906

Undertaker Wm J Fry

Address 921 E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 93373 — Registered No. B 93373

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 172. Pine St. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name William R. Hennebery

{Residence, if in Baltimore, Give Street and Number.} 172. Pine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH May 17 1866

AGE 40 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John P. Hennebery

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Matilda Horner

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Restaurant Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hennebery

(Address) 172. Pine St.

Filed 9/7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sat 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1906 to Sept 7th 1906

that I last saw him alive on Sept 6, 1906

and that death occurred, on the date stated above, at 12 M.

11. CAUSE OF DEATH (Secondary or Immediate

Chronic Nephritis et Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Sept 7th 1906

Place of Burial Int. Laurel Cem

Date Sept. 10th 1906

Undertaker John A. Inman

Address 1 Bank & Amm Sts

4

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 93574 Registered No. B 93574

CERTIFICATE OF DEATH.

(Place of Death.) No. 940 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A Blair

{Residence, if in Baltimore, Give Street and Number.} 940 W. Franklin st.

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Nov 23 1828
AGE	82 years, 9 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Snowhill Md
FULL NAME OF FATHER	John B Blair
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary M. Blair

(Address) 940 W. Franklin st

Filed 9/7 1906 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 6 1906 that I last saw him alive on Sept 6 1906 and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Gangrene

(DURATION) 5 DAYS

Contributory (Primary.) Senility (DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E Monument st

Date Sept 6 1906

Place of Burial Green Mount Cemetery

Date Sept 8th 1906

Undertaker Stewart & Brown

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr M. L. Todd 1202 E. Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 93575 Registered No. B 93375

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Eden Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Cornish

{Residence, if in Baltimore, Give Street and Number.} 724 Eden Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colrd

DATE OF BIRTH: Oct Known 1871

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Cornish

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Queen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Frankelin

(Address) 613 N Eden St

Filed 9/7 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 2 1906 to Sept 4 1906 that I last saw h alive on Sept 4, 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiphlegia

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) P E Lilly M.D.

Address 2001 Brunwell St.

Date Sept. 5, 1906

Place of Burial Laurel

Date Sept 7, 1906

Undertaker P F Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 93573 Registered No. B 136

CERTIFICATE OF DEATH.

(Place of Death.) No. 857 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Pearce

{Residence, if in Baltimore, Give Street and Number.} 857 W Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. COLOR Wht

DATE OF BIRTH Unknown 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bacto

FULL NAME OF FATHER Hazen P. Day

BIRTHPLACE OF FATHER (State or country) Vermont

MAIDEN NAME OF MOTHER Agnes Murray

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Pearce

(Address) 1205 W Lombard St

Filed 9/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 6 1906

that I last saw h[illegible] alive on Sept 5 1906

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) E. Howard M.D.

Address 739 N Fayette St

Date Sept 8 1906

Place of Burial Loudon Park

Date Sept. 8th 1906

Undertaker John D Fields

Address 1200 W. Lombard St

EARL C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 93377 — Registered No. B 3961 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Patrick Casey

{Residence, if in Baltimore, Give Street and Number.} 1700 Greenmount Ave

Duration of Residence in Baltimore. 37 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 2 1850

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Mathew Casey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Donnahue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. Casey

(Address) 859 Fredrick ave

Filed 9/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 6 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190 and that death occurred, on the date stated above, at 4 45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull, (base) Cerebral Hemmorhage (Fell and struck head on the pavement) a.s.c.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C Irvine Jones M.D. Coroner 2nd

Address

Date 190

Place of Burial Ner. Cathedral

Date Sept 8th 190 6

Undertaker Geo. Bentz

Address 554 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 Registered No. B 93378 9.19

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 Bingmuda al St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edna May Magness

{Residence, if in Baltimore, Give Street and Number.} 902 Bingmuda al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 24 1906

AGE — years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER E F Magness

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Hurley

BIRTHPLACE OF MOTHER (State or country) Balto Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dignan & Son

(Address) 759 W. Hamburg

Filed 9/7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 7 1906 that I last saw h a alive on Sept 6 1906, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

2 months (DURATION) DAYS

Contributory (Primary.) Atelectasis

(DURATION) 2 DAYS

(Signed) J. E. Muse M.D.

Address 856 Columbia ave

Date 190

Place of Burial Baltimore Cemetery

Date Sept 8 1906

Undertaker James Dignan & Son

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 93379 — Registered No. B 93379

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George A. Brown

{Residence, if in Baltimore, Give Street and Number.} 1624 E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 2nd 1876

AGE: 30 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: George A. Brown

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jennie Lee

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip C. Rebbel

(Address) 620 N. Bond St.

Filed 9/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1906

I HEREBY CERTIFY, That I attended deceased from Jany 1906 to 7th Feb 1906 that I last saw him alive on about Sept 5th 1906, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) about 368 DAYS

(Signed) [illegible] M.D.

Address 620 N. Bond St.

Date Sept 7th 1906

Place of Burial Baltimore Cemetery

Date Sept. 10th 1906

Undertaker Germanus France

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Permission requested to remove remains to 620 N. Bond St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 93380 Registered No. B 93380

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Goldewey

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1814

AGE: 92 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Holland

FULL NAME OF FATHER: Henry Burnigh

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Antoinette Hudzank

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 9/7 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to 1906

that I last saw her alive on Aug 25th 1906,

and that death occurred, on the date stated above, at 3.50 p. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

One month in bed (DURATION) DAYS

Contributory (Primary) Debility of age

(DURATION) DAYS

(Signed) F A Warner M.D.

Address 1133 Valley st

Date Sept 5 1906

Place of Burial Holy Cross

Date Sept. 9 1906

Undertaker H. C. Weidefeld

Address 911 Belmont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B 93381

CERTIFICATE OF DEATH

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Wolf.

{ Residence, if in Baltimore, Give Street and Number. } 1933 Lemon St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH August 16 1871

AGE 35 years, — months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER August Wolf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Kuntz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Wolf

(Address) 1933 Lemmon St

Filed 9/7/06

HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1210 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

(Accident)

(DURATION) DAYS

Contributory (Primary.) Fall from scaffold

(DURATION) DAYS

(Signed) Jos. L. Chamberlain M.D.

Address Lemmon St

Date Sept 7 1906

Place of Burial Western Cemetery

Date Sept 8th 1906

Undertaker Mr & Mrs Jno W Tenfel

Address 604 S. Sharp St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 93382 Registered No. B 93382

29

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Forbes

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH ..... 1 .....

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt

(Address) Bayview asylum

Filed 9/7/06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 29 1906 to Sept 6 1906 that I last saw him alive on Sept 6 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Peritonitis

..... (DURATION) ..... DAYS

Con'ributery (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Rice M.D.

Address Bay View Hospital

Date Sept. 6 1906

Place of Burial Sacred Heart Cem.

Date Sept 7 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 93383 Registered No. B 93383

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 Lansing Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bernard Ittner

{Residence, if in Baltimore, Give Street and Number.} 1716 Lansing Ave

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feby 26 1850

AGE 57 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Ittner

(Address) 1716 Lansing Av

Filed 9/7 190 6

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred K Carruthers M.D.

Address Grove

Date Sept 5 — 06 190

Place of Burial Mt Carmel

Date 9/8/06 190

Undertaker J Herring & Son

Address 1208 S Ellwood Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93382

City of Baltimore, (No. 630 N. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Kelley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June (Month) 14 (Day) 1906 (Year)

AGE: — years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm H. Kelley

BIRTHPLACE OF FATHER (State or country): Richmond Va.

MAIDEN NAME OF MOTHER: Mattie Wing

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Bryan

(Address) 2156 Mc Elderry

Filed 9/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 2nd 1906 to Sept. 4th 1906 that I last saw him alive on Sept 4 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 8 DAYS

Contributory convulsions

(DURATION) 2 DAYS

(Signed) F. A. Dawson M. D.

Sept 5th 1906 (Address) 1400 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Sept 7 1906

UNDERTAKER: E Bryan

ADDRESS

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93385 — Registered No. B 93385

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 N. Dallas St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary W. Byrd

{ Residence, if in Baltimore, Give Street and Number. } 1429 N. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 23d 1905

AGE: 1 years, 3 months, 14 days

SINGLE, ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Harry L. Byrd

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lena Hoffman

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Byrd.

(Address) 1429 N. Dallas St.

Filed 9/7 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Septem. 7 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 13 — 1906 to Sept. 7 — 1906 that I last saw her alive on Sept. 6 — 1906, and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular meningitis

(DURATION) 27 DAYS

Con'tributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date Sept. 7 1906.

Place of Burial St Alphonsus' Cemetery

Date September 8 1906

Undertaker Henry Hook & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 93386 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 3103 Dillon St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James P. Leahy

{Residence, if in Baltimore, Give Street and Number.} 3103 Dillon St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 23rd 1874

AGE: 32 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Leahy

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Catherine Leahy

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Leahy.

(Address) 3103 Dillon St..

Filed 9/7 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 5th 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ On. Sept 6th 1906 to ——— 190..

that I last saw h im alive on Sept 6th 1906,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) unknown ~~DAYS~~

Contributory (Primary.) Asthenia (DURATION) 3 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caulton St.

Date Sept. 6th. 1906

Place of Burial Cathedral Cem.

Date September 8 1906

Undertaker John A Daiger

Address 223. S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 03387

City of Baltimore, (No. 1321, Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A Thornton

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	Nov 11 1834 (Month) (Day) (Year)
AGE	71 years, 9 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	J. M Symonds
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Susan Evans
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L Harrison

(Address) 1321 Hanover St

Filed 9/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1901 – at intervals 1906 to Sept 5 1906

that I last saw her alive on Sept 5 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Old Age, and its complications

(DURATION) DAYS

Contributory General prostration

(DURATION) DAYS

(Signed) Wesley Cole, M. D.

Sept 6 1906 (Address) 730 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Thompson Farm Bur'd Cem E A Co Md	Sept 8 1906
UNDERTAKER	ADDRESS
H Allen Tull	2012 E Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93388

Registered No. B.....

City of Baltimore, (No. 1404 Hull St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theresa Marsar

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug ~~Sept~~ (Month) 31 (Day) 1906 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicolas Marsar

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Theresa Kaufman

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sam Nikolovits

(Address) 1404 Hull St

Filed 9/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 2nd Sept 1906 to 6th Sept 1906 that I last saw h er alive on 6th Sept 1906, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Umbelical Heamrhage

Cord had been torn off & heamrhage continuing for 5 minutes before my arrival. (DURATION) 2 DAYS

Contributory Exhaustion. (DURATION) 4 DAYS

(Signed) James Cooper M.D.

7 Sept 1906 (Address) 822 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oaker Hill

DATE OF BURIAL: Sept 8th 1906

UNDERTAKER: Jos. Stumbaugh

ADDRESS: 1515 Light St

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 93389 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 137 Lelong St. (~~Alley~~) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie A. ~~Bayliss~~ Bamline

{Residence, if in Baltimore, Give Street and Number.} 137 Lelong St

Duration of Residence in Baltimore. 19.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1st 1887

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Norris D Giles

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Barbara Ann Cowl.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norris D Giles

(Address) 137 Lelong St

Filed 9/7 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1906 to Sept 6th 1906

that I last saw h[illegible] alive on Sept 6th 1906

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1840 S Charles

Date Sept 8th 1906

Place of Burial Cedar Hill

Date Sept 8th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 — 93390 — Registered No. B 93390

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 N. Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelin Ruth Garland

{Residence, if in Baltimore, Give Street and Number.} 1524 N. Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: June 26 1906

AGE: ..... years, 2 months, 11 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Lewis Garland

BIRTHPLACE OF FATHER (State or country): Birmingham

MAIDEN NAME OF MOTHER: Lillian Pettis

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1524 N. Harford Ave

Filed 9/8 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 7 1906 that I last saw her alive on Sept 5 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Con'tributory (Primary) Acute hepatitis following Gastro enteritis. (DURATION) 5 DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument St.

Date Sept 7 1906

Place of Burial Baltimore Cemetery

Date Sept. 8 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 93[illegible] 99

CERTIFICATE OF DEATH.

(Place of Death.) No. Warner & Henrietta Sts (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Rawlings

{Residence, if in Baltimore, Give Street and Number.} 519 Wayne St.

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	August 21. 1865
AGE	41 years, — months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Calvert Co Md.
FULL NAME OF FATHER	Thomas J Rawlings
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md.
MAIDEN NAME OF MOTHER	Georgianna Dorsey
BIRTHPLACE OF MOTHER (State or country)	Calvert Co Md
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes R Weems (sister)

(Address) 519 Wayne St

Filed 9/8 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—,

and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date September 5 1906.

Place of Burial Mt Auburn

Date Sept 8 1906

Undertaker Jno H. Trodden

Address Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 98892 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2425 Oak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanetta Grant

{Residence, if in Baltimore, Give Street and Number.} 2425 Oak St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female.
COLOR	Colored
DATE OF BIRTH	1905
AGE	1 years, — months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	unknown.
BIRTHPLACE OF MOTHER (State or country)	unknown.
OCCUPATION OF DECEASED	Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Tomlet.

(Address) 2425 Oak St.

Filed 9/8 1906 HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1906 to Sept. 6 1906 that I last saw her alive on Sept 6 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt G. Schmell M.D.

Address 424-East 23 St

Date Sept. 7 1906.

Place of Burial Laurel Cemetery.

Date Sept. 8 1906

Undertaker Felix B. Poe

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93393

City of Baltimore, (No. 2235, Guilford Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma A. Creighton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 19th (Day) 1840 (Year)

AGE: 66 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: John P Creighton

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Damaris Taylor

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T Creighton

(Address) 2235 Guilford Ave

Filed 9/8 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Sept 7 1906

that I last saw her alive on Sept 7 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver

(DURATION) Months DAYS

Contributory Asthenia

(DURATION) 3 Weeks DAYS

(Signed) W. A. Fair M. D.

Sept 8 1906 (Address) 12 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cambridge Dorchester Co Md

DATE OF BURIAL: Sept 9 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward..... 93304 Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. 531 N. Chester St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name James M Neely,

{ Residence, if in Baltimore, Give Street and Number. } 531 N. Chester St

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 20 1845

AGE 60 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) unknown

FULL NAME OF FATHER Jas M Neely

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. R. Small

(Address) 237 N. Luzerne St

Filed 9/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 1905 to Sept 7 1906 that I last saw him alive on Sept 7 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Posterior Spinal Sclerosis

about 9 months (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) Adolph C. Eisenhart M.D.

Address 2213 Orleans St

Date Sept 7, 1906

Place of Burial Lorraine Cemetary

Date Sept. 10th 1906.

Undertaker Wm Cook

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93395

City of Baltimore, (No. 848, Columbia Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel L. Riall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 4 (Month) (Day) 1906 (Year)

AGE: 8 months, 2 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm. A. Riall

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary McDonald

BIRTHPLACE OF MOTHER (State or country): Trappe, Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. A. Riall

(Address) 848 Columbia Ave.

Filed 9/8 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Aug Sept. 6 1906 that I last saw h er alive on Sept 6 1906, and that death occurred, on the date stated above, at 11:30 ~~A~~ P.M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) 19 DAYS

Contributory Convulsions (DURATION) 4½ hrs. DAYS

(Signed) Jos. L. Wunder M. D.

Sept 6 1906 (Address) 1075 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetary | DATE OF BURIAL: 9/8 1906

UNDERTAKER: Chas E Franck | ADDRESS: 746 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93396

City of Baltimore, (No. Shelter for the aged Colored Persons 517 W Biddle St Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Talbott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: About (Month) (Day) 1826 (Year)

AGE: 80 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Schooley

(Address) 517 W. Biddle St

Filed 9/8 1906

HARRY G. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1903 to Sept 7th 1906

that I last saw h— alive on Sept 2nd 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Heart failure. Mitral & aortic insufficiency.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thomas M. Fitzhugh M. D.

Sept 7 1906 (Address) 211 N. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death: Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	9/8 1906
UNDERTAKER	ADDRESS
Chas E Franch	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

1906
86
1826

4

Ward 1 — Registered No. B 93397

93397

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Waller

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. about 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1840

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto co Md

FULL NAME OF FATHER: Geo Waller

BIRTHPLACE OF FATHER (State or country): Balto co Md

MAIDEN NAME OF MOTHER: Eliza Mace

BIRTHPLACE OF MOTHER (State or country): Balto co Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harris Waller

(Address) Owings Mills Balto co Md

Filed 9/8 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1906 to Sept 7th 1906

that I last saw h[er] alive on Sept 7 1906,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Bright Disease of Kidneys (DURATION) 100 DAYS

(Signed) H J Tuerdin M.D.

Address 640 W Carrollton Ave

Date Sept 8 1906

Place of Burial St Lukes Reisterstown Balto co Md

Date Sept 10 1906

Undertaker E. D. Selby & Co

Address Reisterstown Balto co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93398

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John H Rachel.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ill.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Sept 7 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Sept 7 1906 that I last saw h im alive on Sept 7 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Walter D Steel M.D.

Address Bay View Hospital

Date Sept 8 1906

Place of Burial Balto. Cemetery

Date Sept. 8" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

93309

Registered No. B 93309

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 W. Lenaloya St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olivia Ann Kahlert

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 7th 1827

AGE: 79 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Wasmus

(Address) 1000 W. Fayette st

Filed 9/8 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 7th 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on Sept. 6 1906

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangerine of foot & leg.

4 months (DURATION) DAYS

Contributory (Primary.) Debility

(DURATION) DAYS

(Signed) J. R. Uhler M.D.

Address 1531 McCulloh St.

Date Sept 7th 1906

Place of Burial Mt Olivet

Date Sept 10th 1906

Undertaker Geo J Smith Co.

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93400 Registered No. B [illegible]

154

CERTIFICATE OF DEATH.

(Place of Death.) No. about Edmondson ave — Gwinn Falls St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Schmidt

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant

(Address

Filed 9/8 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1906

I HEREBY CERTIFY, That I attended deceased from

19o to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

E. Lawton

old age.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. T. Marlow M.D.

Address corner

Date August 1906

Place of Burial St Peters

Date 9-8-06 1906

Undertaker Wm. H. Gauthier

Address 901. N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93401 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Feaser

{Residence, if in Baltimore, Give Street and Number.} Woodlawn. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 14 1883

AGE: 23 years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George W. Feaser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha E Fätzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha E. Feaser

(Address) Woodlawn Md

Filed 9/8 1906 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to Sept 6 1906

that I last saw h— alive on Sept 6 1906,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) 12 hrs

Contributory (Primary.) Enteric Fever

(DURATION) 3 weeks

(Signed) Robt L. Bay M.D.

Address University Hospital

Date Sept 6 1906

Place of Burial Mt Olive

Date Sept 9 1906

Undertaker J. D. Block

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. 93402

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gilbert

{ Residence, if in Baltimore, Give Street and Number. } 1632 Cuba St Locust Pt.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 17 + 1865

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER John Tuttle

BIRTHPLACE OF FATHER (State or country) Fair Haven Conn

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Fair Haven Conn.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. P. Gilbert

(Address) 1633 Cuba St.

Filed 9/8 1906 Registrar

HARRY O. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1906 to Sept 6 1906 that I last saw her alive on Sept. 6th 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) ..... DAYS

Contributory (Primary) Acute Lobaria

(DURATION) ..... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date September 7th 1906

Place of Burial Mount Carmel

Date Sept 10th 1906

Undertaker Jos. Stanley & Co.

Address 1818 Eight St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93403 — Registered No. B 93403

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 Aiken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. B. Stoke

{Residence, if in Baltimore, Give Street and Number.} 1827 Aiken St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Sept 6 1906

AGE: 47 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: David Stoke

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Caroline Whitmeyer

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie J. Stoke.

(Address) 1827 Aiken St.

Filed 9/8 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1904 to Sept 6th 1906

that I last saw her alive on Sept 6th 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephrites

7 years (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Geo S Gilmack M.D.

Address 105 S. Bond St.

Date Sept 7 1906

Place of Burial Dale Cemetery

Date Sept 9 1906

Undertaker Robt J Turner

Address Bay & Caton Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93404

City of Baltimore, (No. 241 Chestnut St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Joseph Wallace

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: colored

DATE OF BIRTH: Sept. (Month) 6 (Day) 1906 (Year)

AGE: 13 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Samuel Wallace

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Fannie Wallace

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Martin

(Address) 241 Chestnut St.

Filed 9/8 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 1906 that I last saw him alive on Sept 5th 1906, and that death occurred, on the date stated above, at 9.30 P.M. The CAUSE OF DEATH was as follows:

Bronchitis

unknown (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Malcolm E. Douglass M. D.

Sept 7 1906 (Address) 129 E North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury C

DATE OF BURIAL: Sept 9th 1906

UNDERTAKER: Wm J Gladson

ADDRESS: 1721 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93405

City of Baltimore, (No. 1032 Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Cecilia Roe,

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: October (Month) 4 (Day) 1905 (Year)

AGE: ..... years, 11 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William Roe

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Anna Coyne

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1032 Ensor St.

Filed 9/8 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 8, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1906 to Sept 8, 1906. that I last saw h[illegible] alive on Sept 7, 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Acute Ileo-colitis

(DURATION) 7 DAYS

Contributory Ch. ileo-colitis

(DURATION) — DAYS

(Signed) E. A. Hayward, M. D.

9/8 1906 (Address) 1301 Eastern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Sept. 10 1906

UNDERTAKER: Henry Hoeche Son — ADDRESS: 1301 E. Eager St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered No. D 93406

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Bertha Keefer

{ Residence, if in Baltimore, Give Street and Number. } Martinsburg, W.Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1.

AGE: 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Martinsburg W Va

FULL NAME OF FATHER: Charles H Keefer

BIRTHPLACE OF FATHER (State or country): Martinsburg W Va

MAIDEN NAME OF MOTHER: Rebecca Moore

BIRTHPLACE OF MOTHER (State or country): Martinsburg W.Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Keefer

(Address) Martinsburg W.Va

Filed Sept 8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 7th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 26th 1906 to Sept. 7th 1906 that I last saw her alive on Sept. 7th 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Thyroidism

(DURATION) DAYS

Contributory (Primary.) Exophthalmic Goiter

(DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St

Date Sept. 7th 1906. 19

Place of Burial Martinsburg W.Va

Date Sept 8 1906

Undertaker J. C. Block

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11. Registered No. B 93407

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Stokes

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Harry Stokes

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rosa Fowlkes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Stokes

(Address) Meherrin Lunenburg Co Va

Filed Sept 9th 1906

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 8 1906 that I last saw h[e] alive on Sept 8 1906, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Heart Failure

Intercular peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Sept 8, 1906 190

Place of Burial Meherrin Lunenburg Co Va

Date September 9th 1906

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93408

City of Baltimore, (No. 231 N. Hill St.; 22nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Ennis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas A. Ennis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lucy Morgan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Ennis

(Address) 231 N. Hill St

Filed 9/9 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 — 7 — 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 9 — 7 1906 to 9 — 6 — 1906 that I last saw h er alive on 9 — 6 — 1906 and that death occurred, on the date stated above, at 12.15 a. m. The CAUSE OF DEATH was as follows:

Acute Peritonitis

(DURATION) 3 DAYS

Contributory Streptococcus and Staphylococcus (DURATION) 3 DAYS

(Signed) L. D. Dyer M. D.

9 — 7 1906 (Address) 224 N. Hill St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 9 1906

UNDERTAKER: Jno H. Frahm — ADDRESS: 2 [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

93409

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 Mc Mechen St Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmund J. Mc Mann

{ Residence, if in Baltimore, Give Street and Number. } 3522 Brune St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 29 1843

AGE: 62 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: John W. Mc Mann

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Eliza C. Johnson

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont

Filed 9/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 7th 1906

I HEREBY CERTIFY, That I attended deceased from .....1906.....to.....1906.....

that I last saw h.....alive on.....1906.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

Killed instantly (DURATION) DAYS

Contributory (Primary.) Accidental fall from scaffold (DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 700 Log. av. (Govans)

Date Sept. 8th 1906

Place of Burial Londonpark

Date Sept 9 1906

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93410

City of Baltimore, (No. 131 Lakeside St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lankford

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1842 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): U S

FULL NAME OF FATHER: U S

BIRTHPLACE OF FATHER (State or country): U S

MAIDEN NAME OF MOTHER: U S

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATEO PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Anderson

(Address) 131 Lakeside St

Filed 9/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 25 1906 to Sept. 7 1906 that I last saw h[im] alive on Sept 6 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Myocarditis —

(DURATION) — DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) N. Brinkle M. D.

Sept 8 1906 (Address) 1418 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Sept 10 1906

UNDERTAKER: Howe & Hayden — ADDRESS: 1427 Bank

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93417

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Harlem ave Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah C. Murray

{Residence, if in Baltimore, Give Street and Number.} Baltimore City
918 Harlem ave

Duration of Residence in Baltimore. most all her life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH August 17 1814	
AGE ~~92~~ 92 years, months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	Philip Bugan
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Sindal
BIRTHPLACE OF MOTHER (State or country)	Balt Co
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Murray

(Address) 918 Harlem ave

Filed 9/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Sep 7 1906

that I last saw h.. alive on Sep 7 1906,

and that death occurred, on the date stated above, at 11.3e

M. CAUSE OF DEATH (Secondary or Immediate)

Senile decay.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert K Kues M.D.

Address 1001 W Lanvale St

Date Sep 8 1906

Place of Burial St Peters Cem

Date Sept 10th 1906

Undertaker H. W. Jenkins & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 1 — Registered No. B 93412

93412

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 935 Harris Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Clara F. Heil

{Residence, if in Baltimore, Give Street and Number.} 935 Harris Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 1st 1859

AGE: 47 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Heil

(Address) 935 Harris Alley

Filed 9/9 1906

CLERK OF ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1906 to Sept 7 1906 that I last saw h[illegible] alive on Sept 7 1906, and that death occurred, on the date stated above, at 7.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion or Exam.

(DURATION) 1 DAYS

Contributory (Primary) Cerebral [illegible]

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Sept 8 1906

Place of Burial Sacred Heart-Cem.

Date Sept. 10 1906

Undertaker Germano & Franz

Address Bartz & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 93413 Registered No. B 93413

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Bialozewska

{ Residence, if in Baltimore, Give Street and Number. } 1725 Lancaster

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bialozewski.

(Address) 1725 Lancaster St

Filed 9/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 8 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Sept 8 1906 — that I last saw her alive on Sept 8 1906, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Coma —

(DURATION) DAYS

(Signed) J. P. Brannan M.D.

Address 1713 Bank St

Date Sept 9 — 1906

Place of Burial St Stanislaus

Date Monday Sept 10th 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1st — Registered No. B 9341/4

CERTIFICATE OF DEATH.

(Place of Death.) No. 2704 Dillon st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Karez (Karcz)

{Residence, if in Baltimore, Give Street and Number.} 2704 Dillon st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: October 15 1905

AGE: ..... years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andru Karez

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Pavlak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andru Karez

(Address) 2704 Dillon st

Filed 9/9 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Sept 7 1906 that I last saw h[illegible] alive on Sept 7 1906, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 8 DAYS

Contributory (Primary)

exhaustion (DURATION) 2 DAYS

(Signed) S. J. Szuwalski M.D.

Address 722 S. Ann st

Date Sept 8th 1906

Place of Burial St. Stanislaus

Date September 10th 1906

Undertaker Jacob Tsiatkowski

Address 428 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93415

City of Baltimore, (No. 1109 Harlem ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary D. Keys

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 6 1814 (Month) (Day) (Year)

AGE: 92 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Coop

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Susan Mantz

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Duncan

(Address) 1109 Harlem ave

Filed 9/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Sept 4 1906 that I last saw h[illegible] alive on Sept 4 1906, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) [illegible] M. D.

1906 (Address) 894 Aisquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ...

How long at Place of Death? / Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cockeysville	Sept 10 1906
UNDERTAKER	ADDRESS
Balto Co Md	
Louis F Schaefer	912 Monroe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93416

City of Baltimore, (No. 1426, ... St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lucas Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Coal

DATE OF BIRTH June 20 (Month) (Day) 1788 (Year)

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Mose Mathews

BIRTHPLACE OF FATHER (State or country) Kent Co Md

MAIDEN NAME OF MOTHER Julia Johnson

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co

OCCUPATION OF DECEASED ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Frith

(Address) 1426 Jefferson St

Filed Sept 10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th September 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7-8- 1906 to 7-9- 1906 that I last saw h alive on 7-9- 1906, and that death occurred, on the date stated above, at 4.55 A. M. The CAUSE OF DEATH was as follows:

Acute Pulmonary Tuberculosis

About five months (DURATION) DAYS

Contributory Exhaustion Senility (DURATION) DAYS

(Signed) E. W. Boyd M. D.

7-9- 1906 (Address) 1418 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL Laurel Md | DATE OF BURIAL Sept 10 1906

UNDERTAKER P Henderson White | ADDRESS 1702 Gaughe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93417

City of Baltimore, (No. 238, S. High St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leppa Schulkin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1846 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Trevis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lea Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Schulkin

(Address) 2 & 4 S. High St.

Filed Sept 10 1906

CITY OF ANNAPOLIS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 9th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 9 1906

that I last saw h— alive on Sept 9th 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

one year (DURATION) — DAYS

Contributory ——— (DURATION) ..... DAYS

(Signed) M. M. Savage M. D.

Sept 9 1906 (Address) 1121 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Cemetery	Sept 10 1906
UNDERTAKER	ADDRESS
McLerison	1138 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9548 Registered No. B 93418

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Elizabeth V. Voll

{ Residence, if in Baltimore, Give Street and Number. } 5-12 Laurence St.

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Jan 25, 1831

AGE 75 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER James Whaley.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jno. Voll.

(Address) 5 12 Laurence St.

Filed 9/10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9, 1906.

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Sept 9 1906 that I last saw h er alive on Sept 9 1906, and that death occurred, on the date stated above, at 11.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of foot.

? ? (DURATION) DAYS

Contributory (Primary) Toxaemia

? ? (DURATION) DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hospital

Date Sept 10, 1906

Place of Burial St. Alphonsus

Date Sept. 12th 1906

Undertaker G. F. Walker

Address 723 S Kaf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93419

City of Baltimore, (No. 405, Potomac St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Jacob Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH July 29 1880 (Month) (Day) (Year)

AGE 26 years, 1 months, 12 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Conrad Mueller

BIRTHPLACE OF FATHER (State or country) Hessen, Germany

MAIDEN NAME OF MOTHER Wilhelmina Wagner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Silver gilder + nickel plater

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Mueller.

(Address) 405 Potomac.

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 1906 to Sept 9 1906 that I last saw h— alive on Sept 8 1906, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Exhaustion

Uremic Coma (DURATION) 1 DAYS

Contributory Acute parenchymatous nephritis (DURATION) 30-40 DAYS

(Signed) [illegible] M. D.

Sept 9 1906 (Address) Canton + Dillon Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 11 1906

UNDERTAKER Wendel & Dippel Son — ADDRESS 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

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Ward 11 93420 Registered No. B 93420

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 801 N. Eutaw St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sister Anna Maria

{ Residence, if in Baltimore, Give Street and Number. } 801 N. Eutaw St.

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1906

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Sister of the Poor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Superior Paul Saints

(Address) 801 N. Eutaw St.

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6th 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ since ~~1906~~ to Sept. 6 1906

that I last saw h~~er~~ alive on Sept. 6 1906

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic anaemia and

Gastric asthenia - Intestinal catarrh

Several years (DURATION) DAYS

Contributory (Primary.) - anaemia

Several years (DURATION) DAYS

(Signed) D. C. Chew M.D.

Address 115 W. Lanvale St.

Date September 9th 1906

Place of Burial St. Johns Church Yard Waverly

Date Sept. 10 1906

Undertaker John H. Daiger

Address 1123 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93421

CERTIFICATE OF DEATH.

(Place of Death.) No. 1723 N. Port St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Anna M. Earll

{Residence, if in Baltimore, Give Street and Number.} 1723 N. Port St.

Duration of Residence in Baltimore. Lifetime 93421

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 26th 1906

AGE: - years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Earll

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Angelke

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Earll

(Address) 1723 N Port St

Filed 9/10 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Sept 8 1906 that I last saw her alive on Sept 7 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J T Spickmall M.D.

Address 14 N Patterson Pk Ave

Date Sept 9 1906

Place of Burial Trinity Cemetery

Date Sept 10th 1906

Undertaker Mr & Mrs John V. Teufel

Address 604 S. Chapel St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 93422

(Place of Death.) No. 417 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian J Gubernatis

{ Residence, if in Baltimore, Give Street and Number. } 417 S. Poppleton

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 13th 1905

AGE: ..... years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John F. Gubernatis

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Emma Sagenheimer

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John F. Gubernatis

(Address) 417 S. Poppleton St.

Filed 9/10 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, that I attended deceased from Sept 1 1906 to Sept 9 1906 that I last saw h[illegible] alive on Sept 8 1906, and that death occurred, on the date stated above, at 3 4 M. CAUSE OF DEATH (Secondary or Immediate)

cerebral meningitis

(DURATION) 7 DAYS

Contributory (Primary.) chickenpox + whooping

(DURATION) 10 DAYS

(Signed) H. E. Krug M.D.

Address 1002 W. Lanvale

Date Sept 9 1906

Place of Burial London Park

Date Sept. 10. 1906

Undertaker Mr & Mrs Jno W. Fenton

Address 604 S. Sharp St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93423

City of Baltimore, (No. 929 Bevan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Pfeiffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. (Month) 6th (Day) 1882 (Year)

AGE: 24 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Louis H. Pfeiffer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Fredericke Jurmuth

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Straw Hat Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Pfeiffer

(Address) 929 Bevan St

Filed 9/10 1906

HARRY O'ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 8th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8th 1906 to Sept 8th 1906 that I last saw h[im] alive on Aug 16th 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Abt 8 Months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F E Fooks M. D.

Sept 8th 1906 (Address) 1517 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept. 11th 1906

UNDERTAKER: Mr & Mrs Jno. H. Teufel — ADDRESS: 604 S. Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93124

City of Baltimore, (No. 1155 S. Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura M. Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 7 1906 (Month) (Day) (Year)
AGE	5 years, months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jessie R. Phillips
BIRTHPLACE OF FATHER (State or country)	Camden N. J.
MAIDEN NAME OF MOTHER	Ida M. Hall
BIRTHPLACE OF MOTHER (State or country)	Howard Co. Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie R. Phillips

(Address) 1155 S. Carlton St.

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 9 1906

that I last saw her alive on Sept 8 1906,

and that death occurred, on the date stated above, at 6.15 A. M. The CAUSE OF DEATH was as follows:

Convulsions.

(DURATION) 1 DAYS

Contributory Cerebro Spinal Meningitis (DURATION) 1 DAYS

(Signed) J. MacNeal M. D.

Sept 9 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem.	Sept 10 1906
UNDERTAKER	ADDRESS
Wm Cook	602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W 9342.5 Registered No. B 9342.5

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Burrough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1532 Burrough St.

Duration of Residence in Baltimore. Birth,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4 1906

AGE: ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: William J. Hoffman

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Teresa Anderson

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Hoffman

(Address) 1532 Burrough St

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 9 1906 that I last saw him alive on Sept 8 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition.

(DURATION) 7 DAYS

Contributory (Primary.) Enteritis.

(DURATION) 14 DAYS

(Signed) C. A. Delaney M.D.

Address 435 E. Fortaw.

Date Sept 9 1906

Place of Burial Cedar Hill

Date Sept 10th 1906

Undertaker Jos. Stanbeck

Address 618 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 93426

93426

CERTIFICATE OF DEATH.

165

(Place of Death.) No. 1422 Garrett Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Zepf

{ Residence, if in Baltimore, Give Street and Number. } 1422 Garrett Av

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 25 1906

AGE 7 years, months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Edward Kessler

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Barbara Zepf

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Zepf

(Address) 1422 Garrett Av

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8 1906 to Sept 8 1906 that I last saw her alive on Sept 8 1906, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum (DURATION) 36 DAYS

Contributory (Primary.) Asthenia (DURATION) — DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Av

Date Sept 9 1906

Place of Burial Holy Cross, A.A. Co.

Date Sept 10 " 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4

CERTIFICATE OF DEATH.

93427

Registered No. B.....

City of Baltimore, (No. 1749 Belt Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Berman

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 3 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER Jacob Berman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Tillie Molitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Berman

(Address) 1749 Belt Ave.

Filed 9/10 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1906 to Sept 9 1906 that I last saw her alive on Sept 9 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Remittent fever

About 10 (DURATION) ..... DAYS

Contributory Cancrum Oris

5 (DURATION) ..... DAYS

(Signed) J. H. Robinson M. D.

Sept 10 1906 (Address) 726 E. Huston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philip Rodfer sun

DATE OF BURIAL Sept 10 1906

UNDERTAKER Max Levinson

ADDRESS 1138 Lowest

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93428

City of Baltimore, (No. 1358 Central Av St.; 8 Ward)
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Max Brownstein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Sept 30 1836 (Month) (Day) (Year)
AGE: 69 years, 11 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Bayle Tzerkvie Russia
FULL NAME OF FATHER: Myer Brownstein
BIRTHPLACE OF FATHER (State or country): Russia
MAIDEN NAME OF MOTHER: Sota Glitzfield
BIRTHPLACE OF MOTHER (State or country): Russia
OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Brownstein
(Address) 128 N. Front St

Filed 9/10 1906
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 10 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 10 1906 that I last saw him alive on Sept 6 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Exanition & Exphanation

(DURATION) 6 DAYS

Contributory Phthisis Pulmonalis

(DURATION) 4yrs DAYS

(Signed) A A Bendrat M. D.

Sept 10 1906 (Address) 328 Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip R. Board
DATE OF BURIAL: Sept 10, 1906

UNDERTAKER: Max Levinson
ADDRESS: 1138 Lorwat

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 Registered No. B 93429

CERTIFICATE OF DEATH.

(Place of Death.) No. #2006 McElderry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Lautenklos

{ Residence, if in Baltimore, Give Street and Number. } #2006 McElderry St.

Duration of Residence in Baltimore. Life time 93429

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 28th 1866

AGE: 40 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: ~~Balto.~~ Peter Lautenklos

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara ---

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Lautenklos

(Address) 2006 Mc Elderry St

Filed 9/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 — 1906

I HEREBY CERTIFY, That I attended deceased from May 5 1906 to Sept 6 1906 that I last saw him alive on Sept 5 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 4 ~~DAYS~~

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) F. L. Blades M.D.

Address 143 N Bway

Date Sept. 7 — 1906

Place of Burial St Mathews Cem.

Date 9/10/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93430 Registered No. B 36436

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Fanani

{ Residence, if in Baltimore, Give Street and Number. } 1401 E. Eager St

Duration of Residence in Baltimore. 1 yr Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hill, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1906 to Sept 8 1906 that I last saw h.. alive on Sept 8 1906.., and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Laryngitis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Lee M.D.

Address Bay View Hospital

Date Sept. 8 1906

Place of Burial Holy Cross Cemetery

Date Sept. 11 1906

Undertaker Henry Foecke's Sons

Address 1201 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93431

City of Baltimore, (No. 1900, Eulaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Dickson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Febr. (Month) 2 (Day) 1832 (Year)
AGE	74 years, 7 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Ralph Brown
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret H. Pride
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Reynolds

(Address) 1015 Mosher St

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1905 to Sept. 8 1906 that I last saw her alive on Sept 8. 1906, and that death occurred, on the date stated above, at 7 10 P. M. The CAUSE OF DEATH was as follows:

Pericarditis

(DURATION) 12 DAYS

Contributory Chronic Nephritis.

(DURATION) DAYS

(Signed) John G. Thiel M.D. M. D.

Sept 8 1906 (Address) 206 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sept 10 1906
UNDERTAKER	ADDRESS
H. Tuckwell Jones	Carroll & Lay

WM. J. C. DULANY CO., BALTIMORE.

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93432

City of Baltimore, (No. 224, North Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas H. Gohlinghorst.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May (Month) 6 (Day) 1878 (Year)
AGE	28 years, 4 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John H. Gohlinghorst
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary E. Thayer
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Gohlinghorst

(Address) 224 N. Monroe St

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 16 1906 to Sept 7 1906 that I last saw him alive on Sept 8 1906, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

9 mos (DURATION) DAYS

Contributory Asthenia

(DURATION) 18 DAYS

(Signed) W. Lamy M. D.

Sept 8 1906 (Address) 933 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 10 1906
UNDERTAKER	ADDRESS
Jos Jackson & Son	Caroline St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 93433 Registered No. B 93438

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1120 N Eden st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Randolph Richards

{Residence, if in Baltimore, Give Street and Number.} 1120 N Eden st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	February 10th 1823
AGE	83 years, 6 months, 30 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Dont Know
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R Richards

(Address) 2424 N Charles st

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9. 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 4. 1906 to Sept. 9. 1906 that I last saw him alive on " 8 1906, and that death occurred, on the date stated above, at 2.05 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Fatty Degeneration (DURATION) Four Years DAYS

(Signed) Geo. A Hartman M.D.

Address 1121 N Caroline St.

Date Sept. 9. 1906

Place of Burial Baltimore Cemetary

Date September 11th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93434

CERTIFICATE OF DEATH.

(Place of Death.) No. 1235 N Bond st (If Death occurred in Hospital or institution, give its Name instead of Street and Number) St.

Full Name Harry B. Jackson

{Residence, if in Baltimore, Give Street and Number.} 1235 N Bond st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 11th 1883

AGE: 22 years, 10 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wilbert C Jackson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ella J McGee

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Typewriter & Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maria Kripple

(Address) 1235 N Bond st

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 — 1906.

I HEREBY CERTIFY, That I attended deceased from July 22 — 1906 to Sept. 8 — 1906. that I last saw him alive on Sept. 8 — 1906., and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

15 months (DURATION) DAYS

Contributory (Primary.) ——— (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date September 8 — 1906.

Place of Burial Baltimore Cemetery

Date September 11th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93435

City of Baltimore, (No. 523 East 20th St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael J. Bodkin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 14 (Day) 1862 (Year)

AGE: 43 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Boakne

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Susan Manly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 523 E. 20th St.

Filed 9/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1906 to Sept 8th 1906 that I last saw him alive on Sept 8th 1906, and that death occurred, on the date stated above, at 4.45 a. M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

(DURATION) 11 DAYS

Contributory Pulmonary Tuberculosis

Duration 2-3 years (DURATION) 1 DAYS

(Signed) William J. Inscoe M. D.

(Address) 639 Dolphin St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: Sept 11 1906

UNDERTAKER: Evans & Spence

ADDRESS: 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 93436

City of Baltimore, (No. 1705 Linden Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Israel Berliner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1843 (Year)

AGE: 63 years, 3 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Abraham Berliner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rose Frankfurter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sadie Berliner

(Address) 1705 Linden Ave

Filed 9/10 1906 HARRY C. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Sept 8 1906

that I last saw h iw alive on Sept 8 1906,

and that death occurred, on the date stated above, at 3 55 M. The CAUSE OF DEATH was as follows:

Toxemia following Cholelithiasis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) E W Ewan M. D.

Sept 8 1906 (Address) 1908 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Fells Pt. Cem. | DATE OF BURIAL: Sept 10 1906

UNDERTAKER: Evans & Spence | ADDRESS: 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Ward ..... Registered No. B 93437

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Herbert

{ Residence, if in Baltimore, Give Street and Number. } 1911 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 1st 1906
AGE	..... years, 11 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	William E. Herbert
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Bertha L. Depro.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Herbert

(Address) 1911 Gough St.

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 8 1906

that I last saw her alive on Sept 8 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. J. Bashiell M.D.

Address 1129 W. North Ave.

Date Sept 9 1906 190

Place of Burial Mount Carmel Cem.

Date Sept. 11th 1906

Undertaker Germania Branch

Address Bank & Wolpert Co.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 3. *And be it further enacted and ordained*, That it shall be the duty of the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 93433 Registered No. B 9340

CERTIFICATE OF DEATH.

(Place of Death.) No. 330 S. Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Kramer

{ Residence, if in Baltimore, Give Street and Number. } 330 S. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 11 1868
AGE	38 years, 9 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Michael Kramer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Wittick
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Elizabeth Kramer

(Address) 330 S. Spring St

Filed 9/10 1906 HARRY O. ARMBRUS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8th, 1906

I HEREBY CERTIFY, That I attended deceased from June 12 1906 to Sept. 8th 1906 that I last saw him alive on Sept. 7 1906, and that death occurred, on the date stated above, at 6-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(Haemoragic)

(DURATION) 88 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St.

Date Sept. 8th, 1906.

Place of Burial Schwartz's Cemetery

Date Sept. 11 1906

Undertaker Germanus Franco

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Cider alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 93439

Full Name Wm Boss

{Residence, if in Baltimore, Give Street and Number.} 710 Cider alley

Duration of Residence in Baltimore. Lft 17 y

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. Morton Chase

(Address) 1011 N. Calhoun St

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 1906 to [illegible] 1906

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Marlow M.D.

Address Cor.

Date Sept 8 1906

Place of ~~Burial~~ Mt Auburn Cem

Date Sept 9 1906

Undertaker Sam'l W Chase & Co

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 17 93440 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Lying in Hosp. St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number)

Full Name Clerk of Winnie Mann

{Residence, if in Baltimore, Give Street and Number.} Fox Howard - 7th.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Sept 6 1906

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing'l

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Mann

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Winnie Mann

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winnie Mann

(Address) Fox Howard - 7th

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 8 1906 that I last saw h im alive on Sept 8 1906 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

7½ mos

(DURATION) 2 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) W. G. Jack, M.D.

Address 1 W. Fayette St Hosp.

Date Sept 8 1906

COLLEGE OF P. & S. SEP 8 - 1906

Place of Burial

Date 190

Commissioner Health,

Undertaker

Address Beall Establishment

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

37

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the
the duty of the Physician who a
notice, to furnish within **eighteen hours after death,**
setting forth, as far as the same c
deceased, and the **cause and date of death.**

Ward 7 93441 Registered No. B 93441

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Viola Madden

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Mul.

DATE OF BIRTH May 21 1906

AGE — years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGuinness

(Address) 2005 Madison Ave

Filed 9/10 1906 Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 6 1906

I HEREBY CERTIFY, That I attended deceased from July 21 1906 to Sep. 7 1906 that I last saw her alive on Sep. 6 1906, and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGuinness M.D.

Address 2005 Madison Ave

Date Sep. 7 1906

COLLEGE OF P. & S.

Place of Burial

Date SEP 8 - 1906 190

Undertaker Commissioner Health

Address Health Department

HARRY O. ANDREWS, PERMIT CLERK

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Ward VIII — Registered No. B [redacted] 93442

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Williams

{Residence, if in Baltimore, Give Street and Number.} B.V.A. 93442

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, X months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Indies

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) DAY VIEW ASYLUM.

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1906

I HEREBY CERTIFY, That I attended deceased from 6/11 1904 to 9/7 1906

that I last saw h[im]/alive on 9/6 1906

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular Broncho Pneumonia.

(DURATION) 12 DAYS

Con[tributory] (Primary.) (General) Miliary tuberculosis (DURATION) X DAYS

(Signed) W. M. Dunn M.D.

Address Bay View Asylum

Date Sept 7th 1906

Place of Burial JOHNS HOPKINS HOSPITAL SEP 7 - 1906

Date 190

Undertaker William J. Woodes

Address 1811 Aisquith

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

2351

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93443 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chas. Neuman

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Sept 7 1906

that I last saw h in alive on Sept 7 1906

and that death occurred, on the date stated above, at 5.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Ephemeritis

..... (DURATION) ..... DAYS

(Signed) Walter D. Wood M.D.

Address Bay View Hospital

Date Sept. 8 1906

Place of Burial

Date ..... 190 .....

Undertaker. William H. Woodes

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

2 37

Ward 15 93444 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Bevan st. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hilda M. Fischer

{Residence, if in Baltimore, Give Street and Number.} 908 Bevan st.

Duration of Residence in Baltimore. Life 93444

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1 1902

AGE 4 years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Julius Fischer

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary C. Ricketts

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Fischer

(Address) 908 Bevan st.

Filed 9/10 1906 MARY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 9th 1906 that I last saw h.. alive on Sept 9 1906, and that death occurred, on the date stated above, at 7.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope.

(DURATION) 1 DAYS

Contributory (Primary) Broncho Pneumonia (DURATION) 4 DAYS

(Signed) Wm. Wagenhorst M.D.

Address 923 Eastern Ave

Date Sept 9th 1906.

Place of Burial Western Cemetery

Date Sept 11th 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — Registered No. B 93445 — 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lang

{Residence, if in Baltimore, Give Street and Number.} 764 St Peter St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH September 10 1842

AGE 63 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Lang

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) Camden & Para st

Filed 9/10 1906 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage due to Fractured Skull (Falling in ditch) Accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlan M.D.

Address Coroner

Date Sept 10 1906

Place of Burial London Park Cem

Date September 10 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Para sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93446

City of Baltimore, (No. 36 S. Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 30 1906
(Month) (Day) (Year)

AGE ..... years, 3 months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas Bauer

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Selma E. Fisher

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Sheet Lead Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Bauer

(Address) 36 S. Carlton St.

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1906 to Sept 9th 1906 that I last saw her alive on Sept 8th 1906, and that death occurred, on the date stated above, at 10.30

P. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Nothenia

(DURATION) 4 DAYS

(Signed) H. O. Carrick M. D.

Sept 10th 1906 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	Sept 11th 1906
UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

Registered No. B 93447

CERTIFICATE OF DEATH.

(Place of Death.) No. 657 Light St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward E Thomas.

{ Residence, if in Baltimore, Give Street and Number. } 657 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March 12 1863

AGE 43 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Oliver Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Dunn

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Thomas (wife)

(Address) 657 Light St

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~

that I last saw ~~him~~ alive on 1906,

and that death occurred, on the date stated above, at 12.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Pistol shot wound in right temple

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos M Feuchard M.D.

Address Coroner

Date September 10 1906

Place of Burial

Date 1906

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

To 413 Hanover St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 93448 Registered No. D 93448

CERTIFICATE OF DEATH.

(Place of Death.) No. 1268 Riverside Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos H. Preston

{Residence, if in Baltimore, Give Street and Number.} 1268 Riverside Av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: white

DATE OF BIRTH: Sept 7 1848

AGE: 57 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edmund Preston

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Jane Dashiell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Preston

(Address) 1268 Riverside av

Filed 9/10 1906

[illegible] C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to Sept 8th 1906

that I last saw him alive on Sept 8th 1906

and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles St

Date Sept 11 1906

Place of Burial

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

SEP 11 1906

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93449 Registered No. B 93449

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah R. Warner

{Residence, if in Baltimore, Give Street and Number.} 810 W. Lexington St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem	COLOR Wht.
DATE OF BIRTH	June 8 1861
AGE	45 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry C Ryan
BIRTHPLACE OF FATHER (State or country)	Howard Co Md.
MAIDEN NAME OF MOTHER	Ellen R. Pearce
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. M. Warner

(Address) 810 W Lexington St

Filed 9/10 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, That I attended deceased from May 7 1906 to Sept 9 1906 that I last saw h.. alive on Sept 9 1906 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

4 mos (DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) 14 DAYS

(Signed) J. Norwood M.D.

Address 739 W. Fayette St.

Date Sept 9 1906.

Place of Burial New Cathedral

Date Sept 11 1906

Undertaker M. Cadogan

Address 698 W. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

Ward..... 93450 Registered No. B..... 93450

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand C. Fisher

{ Residence, if in Baltimore, Give Street and Number. } Ashland Kentucky

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lumber Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Farman

(Address) 233 N. Saratoga St.

Filed 9/10 1906 HARRY C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Sept 10 1906 that I last saw h... alive on Sept 10 1906, and that death occurred, on the date stated above, at 7 ... M. CAUSE OF DEATH (Secondary or Immediate)

Septic Meningitis

Contributory (Primary) Frontal Sinus Disease (DURATION) ... DAYS

(DURATION) ... DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hospital

Date September 10 1906

Place of Burial Ashland Kentucky

Date Sept. 10 1906 190...

Undertaker N. W. Jenkins & Sons Co.

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 93451 Registered No. B 93451

93451

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Lowndes

{Residence, if in Baltimore, Give Street and Number.} 1010 E. Lexington St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1882

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Richard Lowndes

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Josephine Guest

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1010 E Lexington

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 7 1906

that I last saw her alive on Sept 6 1906,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

Complicated with

Organic heart disease

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J E Ford M.D.

Address 202 Stiegenth St

Date September 7 1906

Place of Burial Asbury

Date Sept. 10 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

93452

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Brown

{ Residence, if in Baltimore, Give Street and Number. } 916 Park av

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eugene Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Armstrong

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Brown

(Address) 916 Park Ave

Filed 9/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Septb. 9th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Ten days (DURATION) DAYS

Contributory (Primary), Diarrhoea & dentition (DURATION) DAYS

(Signed) Lucian Baldwin M.D.

Address 700 Eag. av. (Coroner)

Date Septb. 9th 1906

Place of Burial Laurel

Date Sept 10 1906

Undertaker R. A. Elliott

Address 556 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93453 Registered No. B 95466

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel M. Henderson.

{ Residence, if in Baltimore, Give Street and Number. } 1317 Linden Ave.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH July 16, 1861

AGE 55 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Scotland.

FULL NAME OF FATHER Thomas Henderson.

BIRTHPLACE OF FATHER (State or country) Scotland.

MAIDEN NAME OF MOTHER Margaret Buchanan.

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Book Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thomas Henderson

(Address) Cleveland, Ohio.

Filed 9/10 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 8 1906 that I last saw him alive on Sept 8 1906, and that death occurred, on the date stated above, at 10-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

2 weeks (DURATION) DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 1 DAYS

(Signed) C. E. Langley, M.D.

Address Md. Gen. Hospital

Date Sept 8 1906

Place of Burial Loudon Park

Date Sept 11th 1906

Undertaker Daniel McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93454 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Valley St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Martin

{Residence, if in Baltimore, Give Street and Number.} 1026 Valley St

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John O'Brien

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margt. Dougherty

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1026 Valley St

Filed 9/10 1906 HARRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906

I HEREBY CERTIFY, That I attended deceased from May 27 1906 to Sept 4 1906 that I last saw her alive on Sept 4. 1906 and that death occurred, on the date stated above, at about 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia (DURATION) 12 DAYS

Con'tributory (Primary.) Pulmonary regurgitation (DURATION) 20 mos. DAYS

(Signed) Mary F. Voglin M.D.

Address 1028 Valley St.

Date Sept 8 1906

Place of Burial St Mary's Govanstown

Date Sept 11 1906

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the undertaker who shall have charge of the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93455 Registered No. B 93455

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvena C. Lehr

{Residence, if in Baltimore, Give Street and Number.} 700 N Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: December 28th 1873

AGE: 32 years, 8 months, 12 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Louis Lehr

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Elizabeth Hahn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Lehr

(Address) 700 N Broadway

Filed 9/10 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 9 1906

that I last saw h[illegible] alive on Sept 9 1906,

and that death occurred, on the date stated above, at 1165 P. M., CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Asthenia

Not Known (DURATION) DAYS

Contributory (Primary.)

Not Known (DURATION) DAYS

(Signed) Frank Dr Sauer M.D.

Address 525 N Chenault Av

Date Sept 10 1906

Place of Burial London Park Cemetary

Date January 12th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

93456

Registered No. B

City of Baltimore, (No. 2025 E. Lombard St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christina M. A. Ruppert.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: Dec (Month) 19 (Day) 1830 (Year)

AGE: 76 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John J. Abel.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: M. D. Zimmerman.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Abel

(Address) 2025 E. Lombard St.

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept. 1906 that I last saw h[er] alive on Sept 5 1906, and that death occurred, on the date stated above, at 8.20 A. M. The CAUSE OF DEATH was as follows:

Senility

3 mo. (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Robt. H. Owens, M. D.

Sept 8 1906 (Address) 114 W. Franklin St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept. 11 1906

UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B 93437

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Santry

{ Residence, if in Baltimore, Give Street and Number. } 1829 Division St-

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept- 14th 1871

AGE 35 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Santry

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Cashmer

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address)

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1906

I HEREBY CERTIFY, That I attended deceased from July 25, 1906 to Sept 8th 1906 that I last saw h alive on Sept 8th 1906, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary tuberculosis (DURATION) DAYS

(Signed) Walter D Hyde M.D.

Address Bay View Asylum

Date Sept 8 — 1906

Place of Burial Cathedral Cem

Date Sept- 11th 1906

Undertaker Albert F Phillips

Address 1711 Maryland Ave

See following

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93457

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Santry

{ Residence, if in Baltimore, Give Street and Number. } 1829 Division St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 14 1871

AGE: 35 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Santry

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Cashmer

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lamar Hollyday,

(Address)

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1906.

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Sept. 8 1906 that I last saw h.im alive on Sept. 8 1906, and that death occurred, on the date stated above, at 11.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Con tributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D Steele M.D.

Address Bay View Asylum

Date Sept 8 1906

Place of Burial Cathedral

Date Sept 11th 1906

Undertaker Albert F Philbin

Address 1711 Maryland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93458 — Registered No. B 93458

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Morrison

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1823

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Samuel Morrison

MAIDEN NAME OF MOTHER: Jane Moore

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Sts.

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 9th 1906

I HEREBY CERTIFY, That I attended deceased from No Record 190 to 190

that I last saw h me alive on Sept 6 1906, and that death occurred, on the date stated above, at 10 p. M. CAUSE OF DEATH (Secondary or Immediate)

Arteria sclerosis

Unknown (DURATION) DAYS

Contributory (Primary.) Bronchitis

2 months (DURATION) DAYS

(Signed) F. A. Vance M.D.

Address 1133 Valley St

Date Sept 10 1906

Place of Burial Port Deposit Md

Date Sept 12 — 1906

Undertaker Chas. E. Fowler

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 93459 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) ~~No~~ Bay View Asylum. ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Knight.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: —

AGE: 86 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lamar Hollyday

(Address)

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9. 1906

I HEREBY CERTIFY, That I attended deceased from June 27. 1906 to Sept. 9. 1906 that I last saw her alive on Sept 9. 1906 and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hyperstatic Pneumonia and cardiac failure.

(DURATION) 10 DAYS

Contributory (Primary.) Senility.

(DURATION) DAYS

(Signed) Wm Dennis Le M.D.

Address Bay View Asylum

Date September 9. 1906

Place of Burial Western Cemetery

Date Sept. 11th 1906

Undertaker C. F. McCormick

Address 1729. W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93460

Registered No. B

City of Baltimore, (No. 318 E. Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Schillinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: June (Month) 3 (Day) 1846 (Year)

AGE: 60 years, 3 months, 8 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: M.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Edward Schillinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Simm

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Newton Schillinger

(Address) 318 E. Lafayette Ave

Filed 9/10 1906

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 16th 1906 to Sept. 10th 1906 that I last saw h im alive on Sept. 9th 1906, and that death occurred, on the date stated above, at 12.55 a. M. The CAUSE OF DEATH was as follows:

Cancer of Neck and Chest

about 8 mos (DURATION) DAYS

Contributory Acute Bronchitis

(DURATION) 7 DAYS

(Signed) A. F. Rees M. D.

Sept 13th 1906 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore ~~Interment~~ Cem

DATE OF BURIAL: Sept 12 1906

UNDERTAKER: Evans & Spence

ADDRESS: 116-20 N. Howard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 93461 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 Jefferson St. Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie E. Bryon

{ Residence, if in Baltimore, Give Street and Number. } 513. Jefferson St Waverly

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 5 1889

AGE 17 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George H.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Caroline Bell

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 513 Jefferson St Wav.

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9- 1906

I HEREBY CERTIFY, That I attended deceased from about ~~190~~ to 9. Sept 190

that I last saw her alive on Sept 7. 1906.

and that death occurred, on the date stated above, at 6.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Duration of illness about one Year

~~(DURATION)~~ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. G. Prentis M.D.

Address 809. Gorsuch Ave

Date Sept 9- 1906. 190

Place of Burial Greenmount Cem.

Date Sept 12 1906

Undertaker Evans & Spence

Address 1820 W. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93462

City of Baltimore, (No. 118, Scott St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Annie Moulds

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 20 (Day) 1840 (Year)

AGE 65 years, 8 months, 20 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Reilly Moulds

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Whitney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 118 Scott St.

Filed 9/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 8 1906 that I last saw her alive on Sept 8 1906, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Uremic Coma
Chronic Nephritis

(DURATION) 8 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C. N. McCulloch M. D.

Sept 10 1906 (Address) 854 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Trenton N. J.	Sept 10 1906
UNDERTAKER	**ADDRESS**
Evans & Spence	118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

93463

CERTIFICATE OF DEATH.

(Place of Death.) No. 573 Baker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice M. Whittington (Born)

{Residence, if in Baltimore, Give Street and Number.} 573 Baker St.

Duration of Residence in Baltimore. 2 hrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	9/9/06
AGE	2 Hrs. (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	573 Baker St
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Alice M Smith
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Smith.

(Address) 573 Baker St.

Filed Sept 20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/9/06 1906

I HEREBY CERTIFY, That I attended deceased from 9th 9/9 1906 to 11th 9/9 1906

that I last saw h[illegible] alive on 9/9 1906

and that death occurred, on the date stated above, at 11th P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1922 Penna Ave

Date Sept 11 1906

Place of Burial St Peters R C Cem Russell St

Date Sept 11 1906

Undertaker John E Haugh Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93464

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Timothy Healy.

{ Residence, if in Baltimore. Give Street and Number. } .....

Duration of Residence in Baltimore. 9 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. M. Hospital

Filed Sept 11th 1906

CITY C. ANDREWS PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9 1906

I HEREBY CERTIFY, That I attended deceased from December 12 1906 to September 9 1906 that I last saw h[illegible] alive on September 9 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary tuberculosis (DURATION) ..... DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date September 10 1906

Place of Burial Cathedral Cemetery

Date Sept 11th 1906

Undertaker H. E. Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93465

City of Baltimore, (No. 1726 Mulliken St.; ..... Ward.
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edythe Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July 6 (Month) Sunday (Day) 1821 (Year)

AGE: 85 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (S. M. D.) Widow a

BIRTHPLACE (State or country): Country Md

FULL NAME OF FATHER: Moses Sinerky

BIRTHPLACE OF FATHER (State or country): Country Md

MAIDEN NAME OF MOTHER: Sarah Sinerky

BIRTHPLACE OF MOTHER (State or country): Country Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Bantum

(Address) 1726 Mulliken St

Filed 9/11 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 25-8-1906 to 9-9-1906

that I last saw her alive on 8th 9-1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cerebral Embolism

about (DURATION) 7 DAYS

Contributory Cardiac Failure

Senile (DURATION) DAYS

(Signed) E. M. Bayle M. D.

9-9-1906 (Address) 1418 Jefferson St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ashley Cemetery

DATE OF BURIAL: Sept 11th 1906

UNDERTAKER: Chas L Bailey

ADDRESS: 1437 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 93466

93466

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2403 E Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thelma M. Beste

{Residence, if in Baltimore, Give Street and Number.} 2403 E Chase st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 6th 1906
AGE	— years, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Godfried Beste
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Louisa Quick
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Godfried Beste

(Address) 2403 E Chase st

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 9th 1906 to Sept 10th, 1906, that I last saw h alive on , 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition, resulting in

Ileo colitis

(DURATION) 2 mos DAYS

Contributory (Primary.) Ex lactation

(DURATION) 2 DAYS

(Signed) Albert H. Singewald M.D.

Address 1202 N. Eutaw & Ave

Date September 10th, 1906

Place of Burial Baltimore Cemetary

Date Sept 11th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93404 — Registered No. B 93404

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1921 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Rollison

{ Residence, if in Baltimore, Give Street and Number. } 1921 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 15" 1905

AGE ____ years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Samuel M. Rollison

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Selina Gerken

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rollison

(Address) 1921 Eastern Ave

Filed 9/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10" 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 10" 1906 to Sept. 10" 1906 that I last saw h__ alive on Sept. 10" 1906, and that death occurred, on the date stated above, at one M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern ave

Date Sept. 10" 1906

Place of Burial Baltimore Cemetery

Date Sept 11" 1906

Undertaker HENRY GARDNER & SONS,

Address [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 93468 — Registered No. B 93468

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Burrough.

{Residence, if in Baltimore, Give Street and Number.} 1239 Mulliken St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH — — 1855

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary P. Rucr

(Address) 1239 Mulliken St.

Filed 9/11 1906

HARRY OF ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 7th 1906. to Sept 9th 1906. that I last saw him alive on Sept 8th 1906. and that death occurred, on the date stated above, at 1.0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 30 DAYS

Con'tributory (Primary.) Bronchitis & Malaria (DURATION) 60 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave.

Date Balto Sept 10th 1906.

Place of Burial Mt Zion Cemetery

Date Sept 11 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93469

City of Baltimore, (No. 1115, Raborg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Emiline Brown

BIRTHPLACE OF MOTHER (State or country): Calvert

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Brown

(Address) 922 Hillen St

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1906 to Sept. 8 1906

that I last saw him alive on Sept. 8 1906,

and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Malaria complicated with Dipsomania. Taken sick in Anne Arundel Co. 4 months ago. (DURATION) ..... DAYS

Contributory General Prostration (DURATION) ..... DAYS

(Signed) E. H. Holbrook M. D.

Sep. 9 1906 (Address) 728 N. Carey st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Sept 11 1906

UNDERTAKER: P. S. McElliott — ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 93470 Registered No. B 93470

CERTIFICATE OF DEATH.

(Place of Death.) No. 1316 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry F Wittmann

{Residence, if in Baltimore, Give Street and Number.} 1316 W Pratt St

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2 1831

AGE: 75 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: George Wittmann

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Caroline Steimeier

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard F Wittmann.

(Address) #1316 W Pratt st

Filed 9/11 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1906

I HEREBY CERTIFY, That I attended deceased from January 1906 to Sept 8 1906 that I last saw him alive on Sept 8 1906, and that death occurred, on the date stated above, at 11.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

one year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Dudley M.D.

Address 1701 Mallison av

Date Sept 9 1906

Place of Burial Holy Redeemer

Date Sept 12 1906

Undertaker D Knight & Son

Address 807 Columbia ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 93471 Registered No. B ... 93471

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Felix Bailey.

{ Residence, if in Baltimore, Give Street and Number. } 122 S. Caroline St.

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Black

DATE OF BIRTH: ... 1 ...

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Kent Island Md

FULL NAME OF FATHER: Jabez Bailey.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tutor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Bailey

(Address) 122 N Caroline St

Filed 9/11 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1906 to Sept 9 1906 that I last saw him alive on Sept 9 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease.

2 (DURATION) 2 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date Sept 9 1906

Place of Burial Laurel Cem.

Date Sept 12 1906

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27

93472

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Denver St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Vogle

{Residence, if in Baltimore, Give Street and Number.} 1026 Denver St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 11th 1889

AGE 16 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John G. Vogle

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Rosie N. McCahan

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Overhead Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1026 Denver St.

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1906

I HEREBY CERTIFY, That I attended deceased from June 15th 1906 to Date 1906

that I last saw her alive on Aug 30 1906,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis 7 months (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. D. Nuckols M.D.

Address 504 S. Fach St

Date Sept. 9th 1906.

Place of Burial Holy Cross Cemetery

Date August 12 1906

Undertaker James Digman & Son

Address 659 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93473

City of Baltimore, (No. 1639 N. Carey st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julius Kopsinke

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	July (Month) 3 (Day) 1864 (Year)
AGE	42 years, 2 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Kopsinke
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kopsinke

(Address) 1639 Carey st

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 10 1906 that I last saw h[illegible] alive on Sept 10 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Brights disease

(DURATION) 10 mos. DAYS

Contributory —

(DURATION) DAYS

(Signed) Claude Stonesifer M. D.

Sept 10 1906 (Address) 1655 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept 12 1906
UNDERTAKER	ADDRESS
Wm Andrew Rohde & Son.	930 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

V.

93474
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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93474

City of Baltimore, (No. 1101, S. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Franz C. Zeuch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Oct (Month) 21st (Day) 1901 (Year)

AGE ..... years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Carl Zeuch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Neuberger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Zeuch

(Address) 1101 S. Carey

Filed 9/11 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Sept 10th 1906

that I last saw him alive on Sept 9th 1906,

and that death occurred, on the date stated above, at 8:15 A.M. The CAUSE OF DEATH was as follows:

Acute Cerebral Meningitis

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Ed Stoner M. D.

Sept 10 1906 (Address) 1507 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western

DATE OF BURIAL Sept 11 1906

UNDERTAKER Wm J. Treckenbrod

ADDRESS Lanvale & Paca

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93475 — Registered No. B 93475

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 N. Paturent St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Zapf

{ Residence, if in Baltimore, Give Street and Number. } 8 21 Patapsco St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Sept 1880
AGE	22 years, 11 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie M. Zapf

(Address) 821 Patapsco St

Filed 9/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 9 1906

that I last saw h— alive on Sept 9 1906

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate.)

acute Phthisis

(DURATION) 40 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 1628 Bank

Date Sept 9 1906

Place of Burial Baltimore

Date Sept 11 1906

Undertaker William Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93476

City of Baltimore, (No. 1606, Eutaw Place, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lea Pfouts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. (Month) 1 (Day) 1869 (Year)

AGE: 37 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Belair, Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Guy L Hunner

(Address) 1420 Eutaw Place

Filed 9/11 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 10 (Day) 1906 (Year).

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to Sept 10 1906 that I last saw her alive on 9 1906, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 3 weeks

Contributory Stricture trans. colon

(DURATION) 2 years?

(Signed) Guy L Hunner M. D.

Sept 10 1906 (Address) 1420 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Sept 12 1906

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH.

Registered No. B 93477

City of Baltimore, (No. 16 S. Fruttan Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Bernardette Ostendorf.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: June (Month) 19th (Day) 1906 (Year)

AGE: ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry C. Ostendorf.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary L. Connelly

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Ostendorf

(Address) 152 S. Fulton Ave.

Filed 9/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 9th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept. 9th 1906

that I last saw h-- alive on Sept. 8th 1906,

and that death occurred, on the date stated above, at 12-26 A. M. The CAUSE OF DEATH was as follows:

Marasmus

2 mos. (DURATION) DAYS

Contributory Exhaustion

(DURATION) 14 DAYS

(Signed) Wm. Thistle M. D.

Sept. 10th 1906 (Address) 30 N. Fruttan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Sept 11th 1906

UNDERTAKER: Crowley Bros. ADDRESS: 125 N. Fulton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93478

City of Baltimore, (No. Franklin Sq. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Edward Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: about 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James H Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann H Innes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bradley

(Address) 2107 McCulloh

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 11 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1906 to Sept 11th 1906

that I last saw h[illegible] alive on Sept 11 1906,

and that death occurred, on the date stated above, at 12:20 A.M. The CAUSE OF DEATH was as follows:

[illegible]

(DURATION) 30 DAYS

Contributory [illegible]

(DURATION) [illegible] DAYS

(Signed) [illegible] M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1600 N Washington

How long at Place of Death? 4 Hours ~~Days~~

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cr	Sept 13 1906
UNDERTAKER	ADDRESS
H Tessner Sons	Canton Lane

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — Registered No. B 93479

93479

CERTIFICATE OF DEATH.

158

(Place of Death.) No. Ferry Bar Spring Road St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Bechtold Sr.

{Residence, if in Baltimore, Give Street and Number.} 1241 Orleans St

Duration of Residence in Baltimore. 72 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: August 29 — 1829

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: August Bechtold.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: not Known.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bechtold Jr.

(Address) 1241 Orleans St

Filed 9/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Drowning.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) ... M.D.

Address Coroner

Date September 10 1906

Place of Burial Baltimore Cemetery.

Date Sept 12 - 1906

Undertaker McGinnis - Carroll

Address 215 Cinqueville St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 9-480 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2730 Penna ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Schaeck

{ Residence, if in Baltimore, Give Street and Number. } 2730 Penna. ave.

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 16 1867

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizebeth Meinberger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizebeth Schaeck

(Address) 42 Beaver Lane

Filed 9/11 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6. 10 Pm 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Died Instantly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Bardeen M.D.

Address 720 Cathedral St. (Corner)

Date Sept. 10 Pm 1906

Place of Burial Western Cemetery

Date Sept 11 " 1906

Undertaker H S Funk

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial; a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93481 — Registered No. B 93481 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 O. Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Owens Linstead

{Residence, if in Baltimore, Give Street and Number.} 223 S Green St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Onvestinkie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Father of Child

(Address) 223 S Green St

Filed 9/10 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8, 1906 to Sept 10 1906

that I last saw h alive on Sept 10 1906

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 10 DAYS

(Signed) Henry Wood M.D.

Address 602 Columbia Ave

Date Sept 10 1906

Place of Burial Holy Redeemer

Date Sept 12 1906

Undertaker H S Funk

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 93482 Register No. 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abey J. Wilson

{Residence, if in Baltimore, Give Street and Number.} ~~Fifteen years~~ 1314 W. Lanvale St.

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jesse R. Wilson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. C. Thompson

(Address) 708 N. Calhoun St

Filed 9/11 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Intoxication of illuminating gas

..... (DURATION) ..... DAYS

Contributory (Primary.) Suicide

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. Ave. (Corner)

Date ..... 190...

Place of Burial Mt. Winans Cem. Balto. Co.

Date ~~Sept~~ Sept 11 1906

Undertaker Wm. J. Tilghman

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93483

CERTIFICATE OF DEATH.

(Place of Death.) No. 2621 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Carroll

{ Residence, if in Baltimore, Give Street and Number. } 2621 E. Oliver St.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 1881

AGE: 25 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John J. Carroll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Malone

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis Carroll

(Address) 2621 E. Oliver St.

Filed 9/11 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept. 1st 1906 that I last saw h-- alive on Sept. 10th 1906, and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) 1 yr DAYS

Contributory (Primary.)

asthenia (DURATION) 2 wks DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Av

Date Sept. 10th 1906

Place of Burial Holy Cross Cem

Date Sept. 12th 1906

Undertaker Jno A Ingram

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93484

93484

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Division St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Saml T. Fisher

{Residence, if in Baltimore, Give Street and Number.} 1109 Division St

Duration of Residence in Baltimore. 40yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cecil Co Md

FULL NAME OF FATHER Jacob Fisher

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Hill

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Fisher

(Address) 1109 Division St

Filed 9/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Sept 10 1906

that I last saw h im alive on Sept 9 1906

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Arterio Sclerosis Chronic (DURATION) 1X DAYS

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Sept 10 1906

Place of Burial Laurel Cemetery

Date Sept 12 1906

Undertaker A. J. Hemsley

Address 578 W Pickett St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93485

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

93485

Registered No. B.....

City of Baltimore, (No 1625 Bond St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadie Hammond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Solmon Hammond

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Siewers

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hessley

(Address) 1625 Bond St

Filed 9/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 9 1906 that I last saw her alive on Sept 2 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) 15 DAYS

Contributory Erysipelas

(DURATION) ..... DAYS

(Signed) E S Davis M. D.

Sept 10 1906 (Address) 923 N Carroll

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 12 1906

UNDERTAKER: Alex H Grant — ADDRESS: 578 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

HARRY G. ABERNETHY
PERRIT SMART

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — 93486 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Jackson

{ Residence, if in Baltimore, Give Street and Number. } 516 Lyon et

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Not Known.

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Jackson

(Address) 516 Lyon et

Filed 9/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to Death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2:30

I. C. D. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. B. Hayden M.D.

Address 216 N Carolina et

Date Sept. 10 1906

Place of Burial Essex Co Va

Date Sept 13 Thurs 1906 Baltimore (Md)

Undertaker Hamm & Wright

Address 1564 Boston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93487

93487

CERTIFICATE OF DEATH.

(Place of Death.) No. 2443 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs India Glacken

{Residence, if in Baltimore, Give Street and Number.} 2443 N. Charles st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Port Deposit Md.

FULL NAME OF FATHER: John B Yarnall

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza J. Bayard

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Miss Lucy F. Yarnall

(Address 2443 N. Charles st.

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10, 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1906 to Sept. 10, 1906. that I last saw her alive on Sept. 10, 1906. and that death occurred, on the date stated above, at 12-30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Parenchematous Nephritis. Uremia.

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) J. R. Ahler, M.D.

Address 1531 N. Eutaw St.

Date September 12, 1906.

Place of Burial Mt. Olivet Cemetery

Date Sept 12 1906

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Ahler 1531 N. Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93488 Registered No. B 93488

CERTIFICATE OF DEATH.

Place of Death.) No. 2112 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillath Ann Smith

{ Residence, if in Baltimore, Give Street and Number. } 2112 Bank St

Duration of Residence in Baltimore. Life resident

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 79 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Richard Smith

BIRTHPLACE OF FATHER (State or country) Cape Ray N.F.

MAIDEN NAME OF MOTHER Susanna Taylor

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Smith

(Address) 2104 Fairmont Ave

Filed 9/11 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1906 to Sept 10th 1906 that I last saw her alive on Sept 9th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, uraemia, Senile pulmonary Congestion, Fracture of the Femur

Contributory (Primary.) Fracture of

Right Femur (DURATION) DAYS

(Signed) Maurice Rosenau M.D.

Address 1535 E Baltimore St

Date Sept 10th 1906

Place of Burial London Park.

Date SEP 13 1906 SEP 13 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death**. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 93489 Registered No. B 93489

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Baxton

{ Residence, if in Baltimore, Give Street and Number. } 1300 Andrew Pl - Locust Pl.

Duration of Residence in Baltimore. 6 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Track Layer - B & O.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) Camden & Paca Sts

Filed 9/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Sept 10th 1906 that I last saw him alive on Sept 7th 1906, and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

(DURATION) 7 DAYS

Contributory (Primary) Hemorrhage from bowel. (DURATION) 1 DAYS

(Signed) Wm O. Dorsey M.D.

Address City Hospital

Date September 10th 1906

Place of Burial Lester Manner Va Knig William Co

Date September 11 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93490 — Registered No. B 93490

CERTIFICATE OF DEATH.

(Place of Death.) No. 1535 E Fayette St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Carrita Hicks

{Residence, if in Baltimore, Give Street and Number.} Balto. Co

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C.

DATE OF BIRTH March 10 1906

AGE ..... years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Harry Hicks

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Mary Allen

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Allen

(Address) Grange P. O.

Filed

..... 190.....

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5½ M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno Lee Carothers M.D.

Address Corner Md

Date Sept 11 - 06 190.....

Place of Burial Ashbury Cem.

Date September 11 1906

Undertaker H. Lander & Son

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93491

Registered No. B 93491

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 Aliceanna St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Agnes Jarzopski

{ Residence, if in Baltimore, Give Street and Number. } the 1733 Aliceanna

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Sept 11 1906

AGE: ..... years, ... months, a few months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Jarzopski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Agnes M

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jarzopski

(Address) 1733 Aliceanna St

Filed 9/11 1906 ✓

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 11 1906

that I last saw h alive on Sept 11 1906

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Difficult labor (Instrumental)

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date Sept 11 1906 ✓

Place of Burial Holy Rosary —

Date Tuesday Sept 11 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 — 93492 — Registered No. B 93492

CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Wasowski

{ Residence, if in Baltimore, Give Street and Number. } 1904 Lancaster

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: Sept 9 1905

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Ludwig Wasowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Sophia Budlacka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Wasowski.

(Address) 1904 Alice Anna St

Filed 9/11 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 9 1906 that I last saw h[illegible] alive on Sept 8 1906 and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate.)

acute Meningitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 916 S. Broadway

Date Sept 9 1906

Place of Burial St Stanislaus

Date Wed Sept 12 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7D 93493 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 3048 Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Charles Griffen

{ Residence, if in Baltimore, Give Street and Number. } 3048 Smallwood st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 9 1904

AGE: 2 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Ernest F. Griffen

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Rosa Hedderich

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest F. Griffen

(Address) 3048 Smallwood st

Filed 9/11 1906

DEPUTY OF ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

accidentally fell in bucket boiling milk

Shock (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) M.D.

Address

Date ... 190 6

Place of Burial Loudon Park

Date Sept 12 190 6

Undertaker Mrs Geo P Pauluss

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93494 — Registered No. B 93[illegible] 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 426 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Green

{Residence, if in Baltimore, Give Street and Number.} 426 W. Hamburg St

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: Caroline Wiseman

BIRTHPLACE OF MOTHER (State or country): Washington

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bellzina Green

(Address) 426 W. Hamburg St.

Filed 9/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Sept 12 1906

that I last saw h[illegible] alive on Sept 12 1906,

and that death occurred, on the date stated above, at 12 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Several DAYS

Contributory (Primary.) Pyhaemia

(DURATION) 3 weeks DAYS

(Signed) A. M. Fowler M.D.

Address 1125 Druid Hill Ave

Date Sept 12th 1906

Place of Burial Laurel

Date Sept 12th 1906

Undertaker Wm L. Jackson

Address 1421 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93495 Registered 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 Penna Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Morris Davis

{Residence, if in Baltimore, Give Street and Number.} 1017 Penna Ave

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Davis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Yetta Goldstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Davis

(Address) 1017 Penna Ave.

Filed 9/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from August 10 1906 to Sept 11 1906

that I last saw him alive on Sept 11 1906

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Thrombosis

(DURATION) 7 DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 31 DAYS

(Signed) John E Hoch M.D.

Address 649 W Lexington

Date Sept 11 1906

Place of Burial Hebrew Cemetery Washington Rd

Date Sept 12, 1906

Undertaker Mark Levinson

Address 1138 Lowndes St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

934496 Registered No. B 93430

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Harris.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wesly Harried

BIRTHPLACE OF FATHER (State or country) West River

MAIDEN NAME OF MOTHER Polley Wedington

BIRTHPLACE OF MOTHER (State or country) West River

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM

(Informant) Amelia Lamar Hollyday, Bailey Supt.

(Address) 1122 Laurel st

Filed 9/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 10 1906

that I last saw h.. alive on Sept 10 1906, at 8:30

and that death occurred, on the date stated above, at 8:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syphilitic ulcers of rectum.

Pyonephrosis.

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Wise M.D.

Address Bay View Hospital

Date Sept 10 1906

Place of Burial Mt Zion Cemetary

Date 12 of September 1906

Undertaker John W Henderson

Address 317 Caroline st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Reg...

93497

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Baer

{ Residence, if in Baltimore, Give Street and Number. } Spamers print

Duration of Residence in Baltimore. Ten days in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1.

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Martin Baer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Walter Peck

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Steel worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J Baer

(Address) 405 N Broadway

Filed 9/12 190 6 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 190 6

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Apnea

(DURATION) 11 DAYS

Contributory (Primary.) Fractured skull, by accident (DURATION) ..... DAYS

(Signed) Lucian Baldwin M.D.

Address 700 Log. av. (Corner)

Date Sept 11th 190 6

Place of Burial Bellefontaine Pk

Date Sept 12 190 6

Undertaker Robert O'Donnell

Address Broadway Olive st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

93498

Registered No. B.....

City of Baltimore, (No. 1126 Druid Hill ave Street.....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard P. Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 49 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Hezekiah Mitchell	
BIRTHPLACE OF FATHER (State or country): Montgomery Co, Md.	
MAIDEN NAME OF MOTHER: Mary A Handy	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bowery

(Address) 1126 Druid Hill Ave

Filed 9/11 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1906 to Sept 10th 1906 that I last saw h.. alive on Sept 9th 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
with Laryngeal involvement

About 9 months (DURATION) — DAYS

Contributory None known

(DURATION) — DAYS

(Signed) Chas. J. Keelen M. D.

Sept 10th 190 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Sept 12 1906
UNDERTAKER: Wm. Ware	ADDRESS: 151 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93499

City of Baltimore, (No. Franklin Sq. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Bell Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 2nd (Month) 1 (Day) Year)

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Oliver Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie F. Lynn

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Brown

(Address) 809 N Calhoun St

Filed Sept 12 1906

HARRY C. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 9th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 8th 1906 to Sept 9th 1906

that I last saw her alive on Sept. 9th 1906,

and that death occurred, on the date stated above, at 4.11 P. M. The CAUSE OF DEATH was as follows:

Tyhoid Peritonitis

(DURATION) 4 DAYS

Contributory Hydrocephalus

(DURATION) 4? DAYS

(Signed) Harry Bramhall M. D.

9-9 1906 (Address) Franklin Sq. Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 809 Calhoun St. How long at Place of Death? 1 Days.

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Sept. 11th 1906
UNDERTAKER	ADDRESS
Martin Fahey & Son	606 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6

93500

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucas F. Winand

{Residence, if in Baltimore, Give Street and Number.} Roslyn, Maryland

Duration of Residence in Baltimore. Two Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1882

AGE 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katie Gussy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Winand

(Address) Pikesville Md

Filed Sept 12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1906

I HEREBY CERTIFY, That I attended deceased from May 25th 1906 to Sept 10th 1906

that I last saw h m alive on Sept 10th 1906

and that death occurred, on the date stated above, at 10:45 A.M.

CAUSE OF DEATH (Secondary or Immediate).

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.) Acute Pancreatitis

Perforative Appendicitis (DURATION) 2 DAYS

(Signed) Edward D Adkins M.D.

Address St Josephs Hospital

Date Sept 10th 1906

Place of Burial Holy Cross

Date Sept 11th 1906

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 93501

93501

CERTIFICATE OF DEATH.

(Place of Death.) No. 3048 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Mizwinski

{ Residence, if in Baltimore, Give Street and Number. } 3048 Boston St

Left

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR White
DATE OF BIRTH	1
AGE ..... years, 7 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Antony Mizwinski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Mary Mizwe
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antony Mizwinsky

(Address) 3048 Boston st

Filed 9/12 1906 Registrar

MARY C. ANDREWS, TRINITY CHURCH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-11 1906

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on ~ 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos Snyder Coroner M.D.

Address 3208 Greene St.

Date Sept. 11 1906

Place of Burial Holy Rosary

Date Sept 12/06 190

Undertaker Jacob. Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93502

City of Baltimore, (No. 228 S Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Shipley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: July 17th 1865 (Month) (Day) (Year)
AGE: 41 years, ... months, ... days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow
BIRTHPLACE (State or country): Anne A Rundel
FULL NAME OF FATHER: Dont know
BIRTHPLACE OF FATHER (State or country): Baltic Co
MAIDEN NAME OF MOTHER: dont know
BIRTHPLACE OF MOTHER (State or country): Balto Co
OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Burkerson
(Address) 17 S Calhoun st

Filed 9/12 1906
MARY O. ANDREWS, PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sep 1 1906 to Sep 10 1906
that I last saw h[er] alive on Sep 10 1906 ~~11, 1906~~
and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Paralysis of brain,

about 10 days (DURATION) DAYS
Contributory Dont Know.
(DURATION) DAYS

(Signed) Robert K Kwae M. D.
Sept 11 1906 (Address) 1001 a Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Ridgeview and Glenwood
DATE OF BURIAL: 9-12 1906

UNDERTAKER: Robt Burkerson
ADDRESS: 1204 W Baltimore st

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 10 93503 Registered No. B 93503

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R Pender

{ Residence, if in Baltimore, Give Street and Number. } 1416 E Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 22 1852

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm F. Wilson

BIRTHPLACE OF FATHER (State or country): Dorcester Co

MAIDEN NAME OF MOTHER: Mary A. Agnes

BIRTHPLACE OF MOTHER (State or country): Dorcester Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F H Pender

(Address) 1416 E Chase

Filed 9/12 1906 HARRY M. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10. 1906

I HEREBY CERTIFY, That I attended deceased from June 23. 1906 to Sept. 10 1906

that I last saw h[er] alive on " " 1906,

and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (DURATION) 24 Hours DAYS

Contributory (Primary) Pernicious Anaemia (DURATION) 2 years DAYS

(Signed) Geo H Hartman M.D.

Address 1121 N Caroline St.

Date Sept. 11. 1906

Place of Burial ~~Sept~~ Greenmount

Date Sept 13 1906

Undertaker Robt Kenny

Address Bway Police

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

93504

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 1103 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harrison Winfield Wroten

{ Residence, if in Baltimore, Give Street and Number. } 415 Folsom St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1860

AGE: 46 years, 4 months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James T. Wroten

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md.

MAIDEN NAME OF MOTHER: Mary J. Bramble

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Caulker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Wroten (brother)

(Address) 11 E. Montgomery St

Filed 9/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9 1906

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw him ...alive on ...190...

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture of the Brain
Due to a pistol shot
wound in the head.
Homicide (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.
Coroner

Address

Date September 11 1906

Place of Burial Loudon Park

Date Sept 12 th 1906

Undertaker J. E. Evans & Sons

Address 1428 S. Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — 93505 — Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Smith

{Residence, if in Baltimore, Give Street and Number.} 204 N Richmond St

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black
DATE OF BIRTH	1
AGE	57 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Harford Co. Md
FULL NAME OF FATHER	Robert Linsley
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Caroline Matthews
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie H Smith

(Address) 204 Richmond St

Filed 9/12 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Sept 10 1906

that I last saw her alive on Sept 10 1906

and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

subsequent to

Cerebral Hemorrhage

(DURATION) 14 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) I E Hamrick M.D.

Address 1202 Druid Hill Ave

Date ~~Sept 11~~ Sept 11 1906

Place of Burial Mt Auburn

Date Sept 13 1906

Undertaker Alex Bramley

Address 578 N Bickett St

HARRY O. ANDREWS, PARKS CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93506

City of Baltimore, (No. 1306 N. Vincent St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Ray Powell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 21 (Month) Aug. (Day) 1906 (Year)

AGE: 3 Mos years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Alexander Powell

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Estella Stockton

BIRTHPLACE OF MOTHER (State or country): Carrol County.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Powell

(Address) 1306 Vincent St

Filed 9/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 12. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to 12 1906 that I last saw h[e] alive on Sept 11 1906, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Thomas Nelson M. D.

Sept 12 1906 (Address) 1302 N. Strathen

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 13 1906

UNDERTAKER: Alex Hennessy

ADDRESS: 578 N. Middle Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 93507 Regist... 93507

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CERTIFICATE OF DEATH.

(Place of Death.) No. 225 West Lanvale St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frances Cornelia Taliaferro

{Residence, if in Baltimore, Give Street and Number.} 225 W. Lanvale St

Duration of Residence in Baltimore. Upwards of forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~Sept 11 1906~~

AGE 59 years, — months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Seymour Taliaferro

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Maria Boswell

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 225 W. Lanvale St

Filed 9/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to Sept 11 1906 that I last saw her alive on July 11 1906, and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Walter R Smith M.D.

Address 24 W. Franklin St

Date Sept 12 1906

Place of Burial Greenmount Cem

Date Sept 12 1906 190...

Undertaker H. W. Jenkins House Co

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 93508 Registered No. B 93508

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 N. Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Martin

{Residence, if in Baltimore, Give Street and Number.} 1601 N Gay St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 11 1906

AGE: ... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Wm. H. Martin

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Anna Hahn

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martin

(Address) 1601 N. Gay St

Filed 9/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 12 1906

that I last saw him alive on Sept 11 1906,

and that death occurred, on the date stated above, at 7 AM

M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis

Pulmonum

29 hrs (DURATION) DAYS

Contributory (Primary.) Dyspnoea

(DURATION) 6 DAYS

(Signed) Augustus Horn M.D.

Address 132 W Mulberry St

Date Sept 12th 1906

Place of Burial Mt Catherine

Date Sept 12 1906

Undertaker Robt J Turner

Address 9 Gay & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

151
93509

CERTIFICATE OF DEATH.

(Place of Death.) No. 1840 Druid Hill Avenue St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Infant of Walter & Irene Gaither.

{Residence, if in Baltimore, Give Street and Number.} 1840 Druid Hill Avenue

Duration of Residence in Baltimore. one day

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Walter Gaither

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Irene Waller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Walker

(Address) 1840 Druid Hill Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1906 to Sept 12, 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 8.45 a. m. CAUSE OF DEATH (Secondary or Immediate

Premature (7 months.) Birth

Infant was delivered 8:30 a.m. 9/11 by Hester Scott mid-wife. (DURATION) DAYS

Contributory (Primary.) Uterine Hemorrhage

7 2 wks. duration (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Sept. 12 1906.

Place of Burial Mt Auburn

Date Sept 13 1906

Undertaker Alex Hemsley

Address 578 N Biddel St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 93510

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie In Pole

{Residence, if in Baltimore, Give Street and Number.} 2038 Madison Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mch 14 1860

AGE: 46 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Wm. Pole

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah B. Steer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Sept 12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Sept 10 1906 that I last saw her alive on Sept 10 1906, and that death occurred, on the date stated above, at 11.52 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address John Hopkins Hospital

Date Sept 10 1906

Place of Burial Druid Ridge

Date Sept 12 1906

Undertaker E. W. Mitchell

Address 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. D 93514

CERTIFICATE OF DEATH.

(Place of Death.) No. 1301 Clarkson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bonnie Roerentrop

{ Residence, if in Baltimore, Give Street and Number. } 1301 Clarkson St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 17 1865

AGE 40 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Married Md

FULL NAME OF FATHER Louis Roerentrop

BIRTHPLACE OF FATHER (State or country) Germy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C C Rosentrop

(Address) 1301 Clarkson St

Filed Sept 12 1906 HARRY O'ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Sept 10 1906 that I last saw h[er] alive on Sept 9 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy.

3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Hammon Lucas M.D.

Address Light St & Warren Ave

Date Sept 10 1906

Place of Burial London Park

Date Thurs. Sept 13 1906

Undertaker Wm J. Tickner & Sons

Address Caroline & Baco sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93512

City of Baltimore, (No. 125 S. Caroline St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julius Schneider

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: David Schneider

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Schneider

(Address) 125 S Caroline st

Filed Sept 12 1906 H. F. K. R. Registrar

HARRY O. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 12th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to Sept. 12th 1906 that I last saw him alive on Sept 11th 1906, and that death occurred, on the date stated above, at 2.40 a. m. The CAUSE OF DEATH was as follows:

Cirrhosis of the liver

(DURATION) Unknown DAYS

Contributory Chronic Nephritis (DURATION) Unknown DAYS

(Signed) A. F. Rice M. D.

Sept 12th 1906 (Address) 213 N. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philips Rd Herrsus — DATE OF BURIAL: Sept 12 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lowe st

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 Registered No. B 93513

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1929 Christian St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry Joseph Hook

{ Residence, if in Baltimore, Give Street and Number. } 1929 Christian St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 9 1906

AGE ..... years, 9 months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles Hook

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Summers

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hook

(Address) 1929 Christian

Filed Sept 12 1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1906

I HEREBY CERTIFY, That I attended deceased from July 26th 1906 to Sept 11th 1906 that I last saw him alive on Sept 10th 1906, and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 42 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 30 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St

Date Sept 12th 1906

Place of Burial Mt Olivet Cem

Date Sept 13 1906

Undertaker J. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B 93514

CERTIFICATE OF DEATH.

(Place of Death.) No. 1046 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Zinglins

{Residence, if in Baltimore, Give Street and Number.} Charles H. Zinglins

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Males | COLOR White

DATE OF BIRTH Sept 25. 1843.

AGE 62 years, 11 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Carroll Co.

FULL NAME OF FATHER Rodger Nelson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Hemmaw

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Zinglins

(Address) 1046 W. Baltimore

Filed. Dec 2 1906

MARRY OF ANDREWS. PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 10 1906 to Sept 10 1906 that I last saw h alive on Sept 9 1906, and that death occurred, on the date stated above, at 1020 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

caused by Chronic

nephritis

Several years (DURATION) DAYS

Contributory (Primary.) Paralysis

one year (DURATION) DAYS

(Signed) J. E. Lound M.D.

Address 1300 W. Lombard

Date Sept 11 1906

Place of Burial London Park Cem

Date Sept 12. 1906

Undertaker J. R. B. Cook

Address 1031 N. Balto

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 Registered No. B 93515

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 406. N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Comandine Stenhofer.

{Residence, if in Baltimore, Give Street and Number.} 406. N. Chester St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 27. 1836
AGE	70 years, 7 months, 15 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	~~Baltimore~~ Germany
FULL NAME OF FATHER	Von Berg
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Von Kelnor
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Albert Sleger

(Address) 1919 E. Pratt St

Filed Sept 12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11th 1906

I HEREBY CERTIFY, That I attended deceased from Mar 2d 1905 to September 11th 1906 that I last saw h[illegible] alive on Sept 10th 1906, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) one (1) DAYS

Contributory (Primary.) Cancer

Since Mar 2d (DURATION) DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date September 11th 1906

Place of Burial Loudon Park

Date Sept 13. 1906

Undertaker Jos B Cook

Address 1003 W Balt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 93516

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Couch

{Residence, if in Baltimore, Give Street and Number.} 1229 North Spring Street

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 21 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Couch

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nancy Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Couch

(Address) 1229 N Spring St.

Filed Sept 12 1906 MARRY OF ANDREW PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Sept 11 1906 that I last saw h~~im~~ alive on Sept 11 1906, and that death occurred, on the date stated above, at 5.35 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Sept 12 1906

Place of Burial Laurel Cemetery

Date Sept 12 1906

Undertaker Robert A Ellicott

Address 586 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B 93517

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 Gough St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Herbert

{ Residence, if in Baltimore, Give Street and Number. } 1911 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 16 1906

AGE: — years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William E. Herbert

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Bertha Depro

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Farm

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Herbert

(Address) 1911 Gough St.

Filed Sept 12 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Sept. 11 1906 that I last saw him alive on Sept. 11 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dt Tenus Malnutrition

(DURATION) 26 DAYS

Contributory (Primary.) Premature birth (DURATION) — DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Sept. 11, 1906

Place of Burial Mount Carmel Cem.

Date Sept. 12 1906

Undertaker Germano Thanner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93518

Registered No. B.....

City of Baltimore, (No. 1617 McHenry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Melchor Schlerf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: June 19 (Month) (Day) 1829 (Year)

AGE: 76 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ehrhardt Schlerf

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Hostler.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose Schlerf

(Address) 1617 McHenry St

Filed Sept 12 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 11th. 1906
Sept. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6. 1906 to Sept. 11 1906 that I last saw him alive on Sept 10 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 5 DAYS

Contributory Old age (DURATION) — DAYS

(Signed) Dr H Schlerf M. D.

Sept 11 1906 (Address) 721 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Druid Hill Park — DATE OF BURIAL: Sept 13 1906

UNDERTAKER: Mrs Andrew Robertson — ADDRESS: 730 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

Registered No. B 93519

CERTIFICATE OF DEATH.

20

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. Bruce Gray

{Residence, if in Baltimore, Give Street and Number.} St. James Hotel

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Architect

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Gray

(Address) St James Hotel

Filed 9/12 1906

Registrar

per J B N.

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

7. CAUSE OF DEATH (Secondary or Immediate)

Sepsis due to a lacerated perineum accident

(DURATION) ten days DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Sept 12 1906

Place of Burial Atlantic City N.J.

Date Sept 12" 1906

Undertaker Evans and Spencer

Address 118-120 Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93520 Registered No. B 93521

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Brauns

{Residence, if in Baltimore, Give Street and Number.} 260 S Durham St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Friedrich Brauns.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dant Dinus

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Brauns.

(Address) 260 S Durham St

Filed Sept 13 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1906

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3.30

M. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body (Acc.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk A Crum M.D.

Address 1 Cross

Date Sept 12 1906

Place of Burial Trinity R. Cemetery

Date Sept 13 1906

Undertaker Louis H Heemann

Address 6 S Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93521

City of Baltimore, (No. 417 W Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: March (Month) 26 (Day) 1906 (Year)

AGE: ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Newark N. J.

FULL NAME OF FATHER: Louis Edwards

BIRTHPLACE OF FATHER (State or country): New York City

MAIDEN NAME OF MOTHER: Martha Farr.

BIRTHPLACE OF MOTHER (State or country): New York City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Louis Edwards

(Address) 417 W Fayette St

Filed Sept 12 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 12 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Entero colitis acute

(DURATION) 1 24 DAYS

Contributory

(DURATION) DAYS

(Signed) V Kunkelliams M. D.

Sept 12 1906 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters cemetery

DATE OF BURIAL: Sept 13 1906

UNDERTAKER: W M Ponton

ADDRESS: 230 N Green.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

Ward 5 — 93522 — Registered No. B 93522

CERTIFICATE OF DEATH.

(Place of Death.) No. Wells & Johnson Sts St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Lorezo Depaoli

{ Residence, if in Baltimore, Give Street and Number. } 312 President St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy.

FULL NAME OF FATHER: Gotana DePaoli

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Katarina Nonceoco

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustine Ruzzolo (brother)

(Address) 312 President St

Filed Sept 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11, 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.... alive on ..... 190....,

and that death occurred, on the date stated above, at 7.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Internal Injuries

due to a bank caving in on him while digging a trench

Accidental Death (DURATION) — DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date September 12 1906

Place of Burial St Vincent

Date Sept 14 1906

Undertaker Wendell Dippel & Son

Address 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 8 — 93528 — Registered No. B 93528

119

CERTIFICATE OF DEATH.

(Place of Death.) No. #2017 E.Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Rain

{Residence, if in Baltimore, Give Street and Number.} #2017 E.Chase St.

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec.26th.1850
AGE	55 years, 8 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Germany
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Fluchtner

(Address) 2017 E. Chase

Filed Sept 12 1906 MARY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11th 1906.

I HEREBY CERTIFY, That I attended deceased from May 31st 06 to September 11th 06.

that I last saw him alive on September 10th 06

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Acute Nephritis (DURATION) DAYS

Contributory (Primary.) Morbus Cordis (DURATION) 3 months DAYS

(Signed) Fredk. A. Meyer M.D.

Address 1031 N. Caroline St.

Date September 11th 1906.

Place of Burial Holy Redeemer Cem.

Date 9/13/06 190

Undertaker J Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 93524

93524

CERTIFICATE OF DEATH.

185

(Place of Death.) No. 1015 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Gorman

{Residence, if in Baltimore, Give Street and Number.} 1015 Wilcox St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 12th 1906

AGE: ..... years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James Gorman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie Dooling

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1015 Wilcox St.

Filed 9/13 1906

HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Sep 8 1906 to Sep 11 1906 that I last saw h[illegible] alive on Sep 11 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm. Power M.D.

Address 1238 Eutaw Pl

Date Sep 11th 1906

Place of Burial St. Joseph's, Texas Balto. Co. Md.

Date Sept. 13 1906

Undertaker Henry Heald Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93525

Ward 10

Registered No. B 93525

29

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Williams H. Hyman

{Residence, if in Baltimore, Give Street and Number.} 1016 Valley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 23rd 1906
AGE	years, 4 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Williams Hyman
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Rose K. Murphy
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1016 Valley St.

Filed 9/13 1906

BANKY ST. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	September 12 — 1906

I HEREBY CERTIFY, That I attended deceased from July 13 - 1906 to Sept. 12 - 1906 that I last saw h im alive on " 11 - 1906, and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Pneumonia~~

Intestinal Tuberculosis

2 Months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date September 12 — 1906.

Place of Burial Holy Cross Cemetery

Date Sept. 13 — 1906

Undertaker Henry Hooks Son

Address 1901 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93526 Registered No. B 93526 61

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Stone.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Aug 7th 1906

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/13 1906 HENRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7th 1906 to Sept. 12th 1906 that I last saw him alive on Sept 12 1906, and that death occurred, on the date stated above, at 2. A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(Cerebrospinal)

(DURATION) 3 DAYS

Contributory (Primary.) /

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carrollton

Date 9/13 1906

Place of Burial New Cathedral

Date Sept. 13th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B 93527

93527.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Gallop

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR W.

DATE OF BIRTH Aug. 12 1906

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2st 1906 to Sept 10th 1906 that I last saw h-- alive on Sept 10th 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Few days (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

two weeks (DURATION) ..... DAYS

(Signed) J. K. Bellegan M.D.

Address 1529 Park Ave

Date Sept 12th 1906

Place of Burial New Cathedral

Date Sept. 13th 1906

Undertaker Martin Gahey & Lowe

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward V 93528 Registered No. B 93528

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 S. Ann St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Littmann

{Residence, if in Baltimore, Give Street and Number.} 517 S Ann St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 15 1859

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Stockster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. Heckmann

(Address) 1624 Alice Ann St

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 th 1906

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to Sept 12 1906 that I last saw h alive on Sept 12 1906, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate).

24 hours

(DURATION) DAYS

Contributory (Primary.) Acute Pneumonia

Pthisis (DURATION) DAYS

(Signed) Herman J. Gruener M.D.

Address 1937 Eastern Ave

Date Sept 12 th 1906

Place of Burial Mount Carmel

Date Sept 14 th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93529

City of Baltimore, (No. 2613 Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Considine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June (Month) 29th (Day) 1821 (Year)

AGE: 85 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Joseph Considine

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Fitzgerald

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Considine

(Address) 453 Lorraine Ave

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Sept 11 1906

that I last saw him alive on Sept 10 1906,

and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

General debility

(DURATION) DAYS

Contributory old age.

(DURATION) DAYS

(Signed) Thomas J Hill M. D.

Sept 12th 1906 (Address) Cor N Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Covans	Sept 14th 1906
UNDERTAKER	ADDRESS
M Fahey & Sons	606 Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93530

Registered No. B .....

City of Baltimore, (No. 2518 Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel M Mensel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Oct 19 (Month) ..... 1905 (Year)

AGE: ..... years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Daniel Mensel Jr.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E Mc Millen

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Mensel

(Address) 2518 Mosher St

Filed 9/13 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12th (Month) ..... (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1906 to Sept 12th 1906

that I last saw her alive on Sept 12th 1906

and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Acute Indigestion
with convulsions

(DURATION) 1 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Gilman F. Evans M. D.

Sept 12th 1906 (Address) 833 N Fulton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 14 1906

UNDERTAKER: Wm Andrew Rohde Sons — ADDRESS: 720 Pa Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 9353 — Registered No. B 9353

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 828 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice V. Rullman

{Residence, if in Baltimore, Give Street and Number.} 828 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	6-16-1851
AGE	55 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Edward T. Elliott
BIRTHPLACE OF FATHER (State or country)	U. S.
MAIDEN NAME OF MOTHER	Creamer
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Rullman

(Address) 828 E. Preston St.

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday, September 10th. 1906.

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Aug 24th 1906, to Septmber 10th. 1906.

that I last saw h— alive on Sept. 10th 1906.

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Conjestion Cause
Heart Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Heart Disease

(Arteri Sclerosis) (DURATION) 5 ~~Days~~ Years

(Signed) Wilmer Brinton M.D.

Address S.W. Cor. Calvert & Preston

Date September 12th 1906

Place of Burial Loudon Park Cemy.

Date September 13 1906

Undertaker John A Darger

Address 223 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Dr. W. Brinton -

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93532

97

93532

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 109 E Centre St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Bevan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Littleton Bevans

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lavinia Palmer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Bevans

(Address) 820 Hollins St

Filed 9/13 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to ..... 190.....

that I last saw h ~~alive~~ on ..... 190 —,

and that death occurred, on the date stated above, at ~~4-20~~ P. M. The CAUSE OF DEATH was as follows:

Asthma

(DURATION) — DAYS

Contributory Senility

(DURATION) — DAYS

(Signed) Benj. N. Haynes M. D.

Sept. 12 1906 (Address) 1216 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Sept 13 1906

UNDERTAKER: Sam'l W. Chase

ADDRESS: 1011 W Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93533 Registered No. B 93533

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Fletcher.

{Residence, if in Baltimore, Give Street and Number.} 506 Pearl st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH	1
AGE	— years, 6 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt
FULL NAME OF FATHER	John Fletcher
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Grace Jones
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Grace Jones

(Address) 506 Pearl st

Filed 9/13 1906

MARRY OF ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15. 11 m. 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) 28 DAYS

Contributory (Primary.) Duration

(DURATION) DAYS

(Signed) Lincoln Edwards M.D.

Address 700 Eq. Av. (Canton)

Date Sept 16. 12 m. 1906

Place of Burial Mt Auburn Comy

Date Sept 19 1906

Undertaker Wm H Hoffman

Address 1 E Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93534

Registered No. B .....

City of Baltimore, (No. 243 E Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Katie Becker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Stecher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cathrin Stecher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sparer

(Address) 2436 E Baltimore St

Filed 9/13 1906 Sept 13 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1906 to Sept 10 1906 that I last saw h— alive on Sept 10 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Boils & Carbuncle
+ Exhaustion

(DURATION) 3 mos DAYS

Contributory Diabetes Mellitus

(DURATION) 6 mos DAYS

(Signed) R O Davis M. D.

Sept 12 1906 (Address) 1503 N Carlin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Sept 13 1906
UNDERTAKER	ADDRESS
John. B Doppel	North ave Harford av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 93535

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard E. Full

{Residence, if in Baltimore, Give Street and Number.} 135 N. Luzerne St.

Duration of Residence in Baltimore. one year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W. White

DATE OF BIRTH Jan. 18th 1839

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U. S.

FULL NAME OF FATHER Richard E. Full

BIRTHPLACE OF FATHER (State or country) U. S.

MAIDEN NAME OF MOTHER Elija Catlin

BIRTHPLACE OF MOTHER (State or country) U. S.

OCCUPATION OF DECEASED Sea Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Full

(Address) 135 N. Luzerne St.

Filed 9/13 1906 MARKY OF ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1906 to Sept. 10, 1906 that I last saw h alive on Sept. 10, 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of the Liver

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Galloway, M.D.

Address 11 E. Rogers Ave.

Date Baltimore City Sept. 13, 1906

Place of Burial Bonnie Brae Cem.

Date Sept. 14th 1906

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93536

City of Baltimore, (No. 804, First Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie L Lowrey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 7 (Day) 1861 (Year)

AGE: 45 years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: John McCauley

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary Martin

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Lowrey

(Address) 804 First Ave

Filed 9/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1906 to Sept 11 1906

that I last saw her alive on Sept 11 1906

and that death occurred, on the date stated above, at 12.45 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis, Heart Complication (DURATION) about 1 Yr (DURATION) DAYS

Contributory Uremia (DURATION) 4 DAYS

(Signed) L. N. Fan M.D.

Sept 12 1906 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto City

DATE OF BURIAL: Sept 13 1906

UNDERTAKER: A S Mans Sons

ADDRESS: 1539 Falls Ave

WM. J. C. DULANY CO., BALTIMORE.

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Ward 0 93587 Registered No. B 93587

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie J. Lewis.

{ Residence, if in Baltimore, Give Street and Number. } Westport Md.

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE about 27 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Piedmont W. Va.

FULL NAME OF FATHER Richard Canty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David C. Lewis

(Address) Westernport Md.

Filed 9/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 13th 1906 that I last saw her alive on Sept 12 1906, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. L. Timmons M.D.

Address St Josephs Hospital

Date Sept. 13th 1906

Place of Burial Holy Redeemer

Date Sept 15th 1906

Undertaker Henry Hook & Son

Address 1321 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

93538

Registered No. B 93538

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Green

{ Residence, if in Baltimore, Give Street and Number. } 1209 Wilcox st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 9th 1865

AGE: 41 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Carter

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Holbert

BIRTHPLACE OF MOTHER (State or country): Ga

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Fuldman

(Address) 2004 W. Pratt st

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1906 to Sept 11th 1906

that I last saw h[illegible] alive on Sept 10, 1906,

and that death occurred, on the date stated above, at 5.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Gatley, M.D.,

Address 411 S. Broadway

Date Sept 11th, 1906

Place of Burial Oak Lawn Cemetery

Date SEP 14 1906 1906

Undertaker Wm. J. Fry

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93539 Registered No. B 93539

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Miller

{Residence, if in Baltimore, Give Street and Number.} Bittinger Pa

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 24 1856

AGE: 50 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Samuel A Miller

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Malcum

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Miller

(Address) Bittinger Pa

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 13 1906

that I last saw him alive on Sept 13 1906,

and that death occurred, on the date stated above, at 1.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute osteomyelitis of Femur

(DURATION) 28 DAYS

Contributory (Primary.) Septicaemia.

(DURATION) ..... DAYS

(Signed) Young M Hunt M.D.

Address Johns Hopkins Hospital

Date Sept 13 1906

Place of Burial Bittinger Pa

Date sept 13 1906

Undertaker Lewis F Schaefer

Address 849 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93540 Registered No. B 93540

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CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Manner

{Residence, if in Baltimore, Give Street and Number.} 1028 N Washington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH May 14" 1873

AGE 33 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) York Co. Pa

FULL NAME OF FATHER David F. Kellar

BIRTHPLACE OF FATHER (State or country) York Co. Pa

MAIDEN NAME OF MOTHER Mary A. Smith

BIRTHPLACE OF MOTHER (State or country) York Co. Pa

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Manner

(Address) 1030 N Washington St

Filed 9/13 1906 MARRI G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8:35 a m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (Accident)

..... (DURATION) ..... DAYS

Contributory (Primary.) (Jumped from mill on 42nd St. Work House)

..... (DURATION) ..... DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Office

Date Sept. 11 — 06 190

Place of Burial Holy Redeemer

Date Sept 14" 190 6

Undertaker Leo A. Funk

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 93541 — Registered No. B 93541

CERTIFICATE OF DEATH.

(Place of Death.) No. 2009 E Preston St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter J Quinn

{ Residence, if in Baltimore, Give Street and Number. } 2009 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 14" 1840

AGE: 56 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Quinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget M. Quinn

(Address) 2009 E Preston St

Filed 9/13 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 11th 1906

I HEREBY CERTIFY, That I attended deceased from About July 1906 to 11th Sept 1906

that I last saw him alive on 10th Sept 1906, about 5

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bright's Disease of Kidneys (DURATION) 120 DAYS

(Signed) R. L. O'Reardon M.D.

Address 809 N Charles

Date Sept 12th 1906

Place of Burial Bonnie Brae Cem

Date Sept 14" 1906

Undertaker Geo. M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 93542

City of Baltimore, (No. 1218 Ellwood St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Harrison

(Address) 1218 Ellwood St

Filed 9/13 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 3 1906 that I last saw h[im] alive on Sept 3 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Heart Disease.

(DURATION) 90 DAYS

Contributory Bronchitis & Bright's Disease (DURATION) ..... DAYS

(Signed) N P Morgan M. D.

Sept 13 1906 (Address) 315 N Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 10 1906
UNDERTAKER	ADDRESS
Alex Kennedy	704 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

4

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93543

City of Baltimore, (No. 3304, Edgar Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie E Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 12 1878 (Month) (Day) (Year)

AGE: 28 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Geo W. Humphrie

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Mary E. Bull

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) Howard F Riley

(Address) 3304 Edgar Ave

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Sept 11 1906 that I last saw her alive on Sept 8 1906, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis
Tuberculosis
6 mos (DURATION) DAYS

Contributory Asthenia + Collapse
1 mo (DURATION) DAYS

(Signed) Wm H Ed Dennis M. D.

Sept 12 1906 (Address) 800 [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Sept 13 1906

UNDERTAKER: Wm E. Chenoweth and Son — ADDRESS: 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 93544 — Registered No. B 93544 137

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Cumberland St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma B. Schneider

{Residence, if in Baltimore, Give Street and Number.} 611 Cumberland St

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 4th 1873

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co

FULL NAME OF FATHER Chas Carr

BIRTHPLACE OF FATHER (State or country) Calvert Co

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Schneider

(Address) 611 Cumberland St

Filed 9/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 11 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sep 11 1906

that I last saw h[illegible] alive on Sep 10 1906

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

Dropsy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A D Hitchcock M.D.

Address 921 N Chas St.

Date Sept 12 1906.

Place of Burial London Park

Date Sept 13th 1906

Undertaker Geo. Burch

Address 5944 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the U
can be ascertained, the full name, sex, a

cted and ordained, That whenever any person shall die in the said city it shall b
his or her last sickness, or the Coroner, when the case comes under hi
to the Undertaker, or other person superintending the burial, a certificat
ame, sex, age, condition (whether married or single) of the perso

the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same
sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 93545

CERTIFICATE OF DEATH.

(Place of Death.) No. 1169 Nanticoke St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ferdinand Frank

{ Residence, if in Baltimore, Give Street and Number. } 1169 Nanticoke St

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 5th 1837

AGE 69 years, 7 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Friedrich Frank

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise Parg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Woodworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Frank

(Address) 1169 Nanticoke St

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from May 6 1904 to Sept 12 1906

that I last saw him alive on Sept 11 1906,

and that death occurred, on the date stated above, at 12 15 M. CAUSE OF DEATH (Secondary or Immediate)

General anasarca

(DURATION) DAYS

Contributory (Primary.) Aortic insufficiency (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Ave

Date Sept 12 1906

Place of Burial Western Cem

Date Sept 14 1906

Undertaker Wm J. Tuckerman

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 — 93546 — Registered No. B 93546

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1049 W. Barre St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Biden

{Residence, if in Baltimore, Give Street and Number.} 1049 Barre St

Duration of Residence in Baltimore. 5 weeks

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May 12 1905	
AGE: 1 years, 4 months, days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): West Port	
FULL NAME OF FATHER: Chas H. Biden	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Aberdine Smith	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: House wife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Biden

(Address) West Port

Filed 9/13 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Septr 12 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Septr 11 1906

that I last saw him alive on Septr 11 1906

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Ileo colitis

(DURATION) 42 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) W. B. Hall M.D.

Address West Minors

Date Septr 12 1906

Place of Burial Arbutus Md

Date Sept 14 1906

Undertaker Wm J. Tuckerstons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

93547

Registered No. B [redacted] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 S. Paca St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Rosendahl

{ Residence, if in Baltimore, Give Street and Number. } 409 S. Paca St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 19 1905

AGE: ..... years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Ossian Rosendahl

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Hulda. Quarnstrom

BIRTHPLACE OF MOTHER (State or country): Sweden

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ossian Rosendahl

(Address) 409 S. Paca St

Filed

..... 190.....

HENRY ST. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 12 1906 that I last saw him alive on Sept 12 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Spasm

(DURATION) 6 DAYS

Contributory (Primary.) Spasm

(DURATION) ' DAYS

(Signed) Chas L. Goldsborough M.D.

Address 418 S. Paca St

Date Sept 12 1906

Place of Burial London Park

Date Sept 12 190 6

Undertaker Wm J. Dickenson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within *eighteen hours after death*, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93548

City of Baltimore, (No. 52, E. Hill St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James McMahon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Dec. (Month) 28 (Day) 1875. (Year)

AGE: 31 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: Michael McMahon

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Annie Cann.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Printer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Waldkoenig M.D.

(Address) 603 S. Ellwood Ave.

Filed 9/13 1906 HARRY O. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 12th (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Sept. 12 1906, that I last saw h in alive on Sept. 12 1906, and that death occurred, on the date stated above, at 12.20 A.M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia.

(DURATION) DAYS

Contributory Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) E. Waldkoenig M. D.

Sept. 12 1906. (Address) 603 S. Ellwood Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Em Cathedral — DATE OF BURIAL: Sept 14 1906

UNDERTAKER: E. J. Weidefeld Jr. & Brother — ADDRESS: 2113

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 93549

93549

CERTIFICATE OF DEATH.

105

Place of Death.) No. 1238 S. Sharp St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret T. Dobbins.

{ Residence, if in Baltimore, Give Street and Number. } 1238 Sharp St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 19 1906

AGE ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William Dobbins

BIRTHPLACE OF FATHER (State or country) Kingston N.Y.

MAIDEN NAME OF MOTHER Mary A. Gerhardt

BIRTHPLACE OF MOTHER (State or country) Kingston, N. Y.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address)

Filed 9/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 11 1906.

that I last saw h alive on Sept 11 1906.

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Entero - Colitis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) F.C. Fergusson M.D.

Address 1006 S. Sharp St

Date Sept 12 1906

Place of Burial Balto. Cemetery

Date ~~Aug~~ Sept 13. 1906

Undertaker Daniel and Margaret Flynn

Address 42 & West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 93550 Registered No. B 93550

CERTIFICATE OF DEATH.

(Place of Death.) No. 673 Pierce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Daniel

{ Residence, if in Baltimore, Give Street and Number. } 673 Pierce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas A Hayes

(Address) 206 Winfield St

Filed 9/13 1906 MARY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma - bronchial

Sudden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Cor.

Date Sept 13 1906

Place of Burial Mt Auburn

Date Sept 13 1906

Undertaker Jno H. Bradley

Address 206 Winfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93551 — Registered No. B 93551

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Curtis

{Residence, if in Baltimore, Give Street and Number.} 1410 E Lexington St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Covey

(Address) 1410 E Lexington St

Filed 9/13 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 12 1906 that I last saw h— alive on Sept 12 1906 and that death occurred, on the date stated above, at 10 — P.M. I. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Complicated with Heart Disease

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) J. H. Beard M.D.

Address 202 Aisquith St

Date Sept 13 1906

Place of Burial Evergreen Cemetery

Date Sept 14 1906

Undertaker J. A. & W. Mintt

Address 602 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93552

Registered No. B

City of Baltimore, (No. 430 N. Eden St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clifton Jones.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: July (Month) 12 (Day) 1905 (Year)

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Eleven Jones

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Louisa Tubman

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleven Jones

(Address) 430 N. Eden

Filed 9/13 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1906 to Sept 11th 1906 that I last saw him alive on " " 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 6 DAYS

Contributory Convulsions

2 hours (DURATION) —

(Signed) Francis A. Sues M. D.

Sept 12 1906 (Address) 1400 [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 13 1906
UNDERTAKER	ADDRESS
W A Elliott	506 Rogers Ave

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93553

City of Baltimore, (No. 609 N. Central Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Collins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) (Year)

AGE: years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Moses Collins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clara Brown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Clara Collins

(Address) 609 N Central Ave

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 11 (Month) (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to Sept. 4 1906

that I last saw h[illegible] alive on " " 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

marasmus

about 2 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. F. Shemwell M. D.

Sept. 12 1906 (Address) 2226 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodberry

DATE OF BURIAL: Sept. 13 1906

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93054 Registered No. B 93054

CERTIFICATE OF DEATH.

(Place of Death.) No. 2119 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M Rausch

{Residence, if in Baltimore, Give Street and Number.} 2119 Wilhelm St

Duration of Residence in Baltimore 25 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Feby 24 1853	
AGE: 53 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara H. Snoops

(Address) 2115 Willhelm St.

Filed 9/13 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1904 to Sept 12 1906 that I last saw her alive on Sept 11 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Cirrhosis of Liver

2 years (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date Sept 12 1906

Place of Burial Western Cemetery

Date Sept 14 1906

Undertaker Mrs. Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 93555 — Registered No. B 93555 — 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 Ashland ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Gross

{Residence, if in Baltimore, Give Street and Number.} 1317 Ashland ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 26th 1895

AGE: ..... years, 8 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Gross

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Lizzie Wilt

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Gross Father

(Address) 1317 Ashland ave

Filed 9/13 1906 — MARY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Sept 12 1906 that I last saw h[er] alive on Sept 12 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 4 DAYS

Con'tributory (Primary) Marasmus.

(DURATION) 33 DAYS

(Signed) Ernest H. Grether M.D.

Address North Eastern Dispensary

Date Sept 13 1906

Place of Burial Baltimore Cemetery

Date Sept 13th 1906

Undertaker George Schulting & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

93556

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93556

City of Baltimore, (No. N. & C. Hospital. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Angelo Mayo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Sept. (Month) 12 (Day) 1906 (Year)	
AGE: ..... years, 3 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Maryland.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	"
MAIDEN NAME OF MOTHER: "	"
BIRTHPLACE OF MOTHER (State or country): "	"
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss C.M. Stone.

(Address) N. & C. Hospital.

Filed 9/13 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1906 to Sept. 12 1906

that I last saw h-- alive on Sept. 12 1906,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Has been Marasmic since birth, has gradually grown weaker.

(DURATION) Life DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) H. Edw. Magruder M. D.

190 (Address) 922 Druid Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
MEDICAL COLLEGE	SEP 13 1906
UNDERTAKER	**ADDRESS**
Commissioner Health.	Health Department

WM. J. C. DULANY CO., BALTIMORE.

MARRY OF ARRAN[illegible]

PERMIT CLERK

FOR ANATOMICAL PURPOSES.

✓

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 93557 — Registered No. B 93557

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hillen

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Mul.
DATE OF BIRTH: About Aug. 6 1906	
AGE: ....years, 1 months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: ?	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: ?	
BIRTHPLACE OF MOTHER (State or country): ?	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexis O'Hanau

(Address) 2005 Madison Ave

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 25 1906 to Sept 9 1906

that I last saw her alive on Sept 8 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexis O'Hanau M.D.

Address 2005 Madison Ave

Date Sept. 9 1906

Place of Burial COLLEGE OF P. & S.

Date SEP 10 1906

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4 93558 Registered No. B 93558

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur M. Rauch

{Residence, if in Baltimore, Give Street and Number.} 113 N. Greene St.

Duration of Residence in Baltimore. 4 9yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — 1

AGE: 49 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Self.

(Address) .....

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1906 to Sept. 11 1906 that I last saw h in alive on Sept 11 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis —

Jaundice — (DURATION) 4 DAYS

(Signed) Robt P Bay M.D.

Address University Hospital

Date Sept 12 1906

Place of Burial .....

Date ..... 190....

Undertaker .....

Address Health Department

JOHNS HOPKINS HOSPITAL SEP 13 1906 REGISTRY CLERK.

Commissioner Roads.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3559

City of Baltimore, (No. 429 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence R Sheppard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 9 (Day) 1906 (Year)

AGE: ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Hopkins Hosp.

FULL NAME OF FATHER: Lost Record

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Gertrude Sheppard

BIRTHPLACE OF MOTHER (State or country): Some where in Georgy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept 13 1906 that I last saw him alive on 11 12 1906 and that death occurred, on the date stated above, at 2 o'clock a.m. The CAUSE OF DEATH was as follows:

Cholera infantum

Two weeks (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. L. Peterson M. D.

Sept. 13 1906 (Address) 1063 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: SEP 13 1906

UNDERTAKER: Commissioner Health,

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 6 — 93560 — Registered No. B 93560

CERTIFICATE OF DEATH.

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(Place of Death.) No. 141 Jackson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret B. Nichols

{Residence, if in Baltimore, Give Street and Number.} 141 Jackson Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 17th 1906

AGE — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank Nichols.

BIRTHPLACE OF FATHER (State or country) Balto County Md

MAIDEN NAME OF MOTHER Mamie Glaser.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Nichols.

(Address) 141 Jackson Place.

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 12 1906 that I last saw h[illegible] alive on Sept 12 1906, and that death occurred, on the date stated above, at 830 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Acute Laryngitis

(DURATION) 1 DAYS

(Signed) E. C. Blades M.D.

Address 143 N Dmay

Date Sept 12 1906

Place of Burial Baltimore Cemetery

Date Sept 13 1906

Undertaker William Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [illegible]

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Ward 21

93561

Registered No. B 93561

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 862 Columbia ave ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Arthur Melvin Haller

{ Residence, if in Baltimore, Give Street and Number. } 862 Columbia ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Dec 7 1905

AGE: ..... years, 9 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Geo. W. Haller

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie V. Harrison

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Haller

(Address) 862 Columbia Ave

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Sept 12 1906

that I last saw him alive on Sept 11 1906

and that death occurred, on the date stated above, at 11 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) W. T. Smith M.D.

Address 528 Hanover St

Date Sept 12 1906.

Place of Burial Lowden Park

Date Sept. 14 1906

Undertaker Wm Cook

Address 602 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B 93562

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 W Lombard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Eliza J Gatchell

{Residence, if in Baltimore, Give Street and Number.} 1423 W Lombard st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 17 1821

AGE 85 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John H. Murphy

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Miller

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Amelia H Gatchell

(Address) 1423 W Lombard st

Filed Sept 13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 11 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) James Boxley M.D.

Address 1701 Hollins ave

Date Sept 13 1906

Place of Burial Green Mount

Date September 14th 1906

Undertaker B Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93563

City of Baltimore, (No. 605 Bradley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: — (Month) — (Day) 1831 (Year)	
AGE: 75 years, — months, — days	
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: M	
BIRTHPLACE (State or country): St Mary Co Md	
FULL NAME OF FATHER: Moses Moore	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Eliza Sennell	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Lancaster

(Address) 602 Bradley St

Filed 9/13 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8 1906 to Sept 12 1906 that I last saw h[er] alive on Sept 12 1906, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Acute Endocarditis

(DURATION) 4 DAYS

Contributory Senility

(DURATION) — DAYS

(Signed) William E Burdon M. D.

Sept 13 1906 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Sept 15 1906
UNDERTAKER	ADDRESS
Reis & Pyle	1 E Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93564 Registered No. B 93564

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CERTIFICATE OF DEATH.

(Place of Death.) No. Hod. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Alphonso Page

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point

Duration of Residence in Baltimore. At Hospital 24 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, ... months, ... days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Blue worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Armstrong Denny Co

(Address) 715 Light St.

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h ..... alive on ..... 190..,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Shock from accidental burns at Sparrows Point

(DURATION) 1 DAYS

Contributory (Primary.) Accident

(DURATION) ..... DAYS

(Signed) Silas Bradshaw M.D. (Coroner)

Address Fov Lafayette Ave

Date Sept. 13th 1906

Place of Burial Dowell Va Hanover Co

Date Sept 18 1906

Undertaker Armstrong Denny Co

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OR BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93565

City of Baltimore, (No. 1531, E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rudolph J. Durra

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 27 (Day) 1906 (Year)

AGE: ... years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Paul Durra

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Heusel

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Durra

(Address) 1531 E. Lombard St.

Filed 9/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1906 to Sept 11 1906 that I last saw h im alive on Sept. 10 1906, and that death occurred, on the date stated above, at 8 ....M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) G. C. Thieme M. D.

Sept 12 1906 (Address) 1135 Highland Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Sept 14 1906

UNDERTAKER: Wendell Dippel & Son | ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 93566 — Registered No. B 93566

CERTIFICATE OF DEATH.

(Place of Death.) No. 1040 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie McGarvey

{Residence, if in Baltimore, Give Street and Number.} 1040 Clifton Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael Ward

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia Sinnett

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Keeps House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1040 Clifton Place

Filed 9/13 1906 Registrar

Dr Boyle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Sept 4 1906 that I last saw her alive on 11 7th 1906 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

3 or more months

(DURATION) 90 DAYS

Con'tributory (Primary) General Breakdown (DURATION) DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 1201 4. Calvert St

Date Sept. 11th 1906

Place of Burial Cathedral

Date Sept 14 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 93567 Registered No. B 93567

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lilly M. Stallings

{Residence, if in Baltimore, Give Street and Number.} Grindon Lane Lauraiun Md

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel R. Stallings

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Diffendall

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) Grindon Lane

Filed 9/13 1906 MARKS OF ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 12 1906 that I last saw her alive on Sept 12 1906 and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrenous Peritonitis resulting from appendix Abscess & Empyaema of Gall Bladder

(DURATION) 14 DAYS

Contributory (Primary.) Appendix abscess.

(DURATION) 14 DAYS

(Signed) Victor D Cullen M.D.

Address St Josephs Hospital

Date Sept 12 1906.

Place of Burial Bonnie Brae

Date Sept 15 - 1906

Undertaker N. C. Hesdorfer

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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93568

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93568

Registered No. B

City of Baltimore, (No. 2203 Ruskin Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lerine Mahone

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of d

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan (Month) 31 (Day) 1856 (Year)

AGE 50 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Portsmouth Va

FULL NAME OF FATHER Daniel Mahone

BIRTHPLACE OF FATHER (State or country) Williamsburg Va

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F Mahone

(Address) 2203 Ruskin Av

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1906 to Sept 12 1906

that I last saw h in alive on Sept 12 1906,

and that death occurred, on the date stated above, at 1130 A.M. The CAUSE OF DEATH was as follows:

acute Interstitial Nephritis

(DURATION) DAYS

Contributory acute Gastro Enteritis

(DURATION) DAYS

24 hr

(Signed) John F Evans M. D.

Sept 12 1906 (Address) 101 E. Lacey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Sept 14 1906

UNDERTAKER Geo F Smith & Co

ADDRESS 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE

Ward 20 93569 Registered No. B 93569

CERTIFICATE OF DEATH.

(Place of Death.) No. Home for the Aged of the M. E. Church (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Markland

{ Residence, if in Baltimore, Give Street and Number. } S. W. Cor. Fulton and Franklin sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 26 1830

AGE 76 years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs S Winterdale

(Address) Fulton and Franklin

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 12 1906.

that I last saw her alive on Sept 11 1906.

and that death occurred, on the date stated above, at 3:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Indigestion

(DURATION) 6 DAYS

Contributory (Primary.) Endocarditis

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date September 12 1906

Place of Burial London Park

Date Sept 14 1906

Undertaker George J Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 93570 Registered No. B 93570

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard W B Reed

{Residence, if in Baltimore, Give Street and Number.} 1519 W Lombard st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 15 1848

AGE 58 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William Reid

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER — Brown

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Spies

(Address) 1410 W. Lanvale

Filed 9/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Feby 1906 to Sept 12 1906 that I last saw him alive on Sept 12 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Valvular one year

Disease of heart (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date Sept 13 1906

Place of Burial Loudon Park

Date Sept 16 1906

Undertaker Geo J Smith Co

Address 1508 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93571 Registered No. B 93571 — 179

CERTIFICATE OF DEATH.

(Place of Death.) No. No. 1511 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Norberg

{ Residence, if in Baltimore, Give Street and Number. } No 1511 Eastern Ave

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Norberg

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Norberg

(Address) 1511 Eastern Ave

Filed 9/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 14th 1906 to Sept 13th 1906 that I last saw h im alive on Sept 12th 1906, and that death occurred, on the date stated above, at 3 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus and Spasms

Marasmus one month

Spasms - three hours

(DURATION) ..... DAYS

Contributory (Primary) Duration during life (DURATION) ..... DAYS

(Signed) Fredk. A. Lomadi M.D.

Address 2241 E. Balt. St.

Date Sept. 13th 1906 190

Place of Burial St Paul Cem

Date Sept. 14" 190 6

Undertaker Kendell Lippe & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93572

Registered No. B .....

City of Baltimore, (No. 611 N. Fraington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant child of Louis & Lena Michelson

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	September 13 1906 (Month) (Day) (Year)
AGE	..... years, ... months, About 30 minutes days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Louis Michelson
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Lena Brodie.
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred W. Whitehead Bro.

(Address) 1215 Madison Avenue

Filed 9/14 1906

HARRY O. ANDREWS, CHIEF CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 13 1906 to Sept. 13 1906

that I last saw her alive on Sept 13 1906,

and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Occipito Posterior Presentation — asphyxia from Pressure on Funis Prompt. twist around Neck of child — Long Forceps Delivery — Delayed 1 1/2 Hours (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Alfred W. Whitehead M. D.

Sept 13 1906 (Address) 1215 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington Law Rd	Sept 14 1906
UNDERTAKER	ADDRESS
M. A. Levinson	1138 Lewis

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93573 — Registered No. B 93573

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1618. Ruskin Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Evelyn May Coburn

{Residence, if in Baltimore, Give Street and Number.} 1618 Ruskin Ave

Duration of Residence in Baltimore. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~May~~ May 3. 1906

AGE ___ years, ~~4~~ months, 9. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Savannah Ga.

FULL NAME OF FATHER Clarence A. Coburn

BIRTHPLACE OF FATHER (State or country) Massachusetts

MAIDEN NAME OF MOTHER Mary L. Dasher.

BIRTHPLACE OF MOTHER (State or country) Georgia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence A Coburn

(Address) 1618 Ruskin Ave

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 12 1906 that I last saw her alive on Sept 12 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Heat

(DURATION) 12 hrs DAYS

(Signed) Geo. C. Shannon M.D

Address 1442 Preston St

Date Sept 12. 1906

Place of Burial London Park

Date Sept 14 1906

Undertaker Wm J Tuckerstone

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93574 — Registered No. B 93574 175

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Denver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Young.

{ Residence, if in Baltimore, Give Street and Number. } 924 Denver St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 28 1900

AGE: 6 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James O Young.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sophia Orms

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sophia Young (mother)

(Address) 924 Denver St

Filed 9/14 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 13 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~ that I last saw ~~h~~ alive on ~~1906~~, and that death occurred, on the date stated above, at 11 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate)

Morphine Poisoning (Accidental and "From Ill")

(DURATION) DAYS

Contributory (Primary.) Eclampsia

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date September 13 1906

Place of Burial Western Cemy

Date Sept 15 1906

Undertaker Jos. Sverdens & Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93575 — Registered No. B 93575

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto Eastern Disp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Blome. 11

{ Residence, if in Baltimore, Give Street and Number. } 110 N. Bond St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb 24 1852

AGE 54 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Hübner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helene Ziegler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Mrs H. Hübner

(Address) 110 N Bond St

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 1020 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroner

Date Sept 13 — 1906.

Place of Burial Loudon Park Cem.

Date Sept 15 1906.

Undertaker Louis Heermann

Address 6 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93576

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93576

City of Baltimore, (No. 2033 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) (Day) 1852 (Year)

AGE: 54 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schaefer

(Address) 2033 Hanover st.

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 11th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 24th 1906 to Sept 11th 1906 that I last saw h[er] alive on Sept 10 1906, and that death occurred, on the date stated above, at 5.50 P.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis Bilateral (DURATION) 2 DAYS

Contributory Asthenia (DURATION) 60 DAYS

(Signed) W. H. Garrison M.D.

Sept 13th 1906 (Address) 1417 McCulloh St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 14th 1906
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 10 93577 Registered No. B 93577

CERTIFICATE OF DEATH.

(Place of Death.) No. 2048 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wesley Hales Sr.

{ Residence, if in Baltimore, Give Street and Number. } 2048 E Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 9th 1830

AGE: 76 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cigar Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hales

(Address) 2048 E Fayette St

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 11 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion and Heart failure

(DURATION) 48 hours DAYS

Contributory (Primary.) Heart disease

(DURATION) several yrs DAYS

(Signed) R. E. Davis M.D.

Address 1507 N. Carolina Av

Date Sept 13 1906

Place of Burial Mt Carmel Cem.

Date Sept 17th 1906

Undertaker H. Allen Fuhrer

Address 2013 E. Balto. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93578

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93578

City of Baltimore, (No. 739, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Mitchell Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 24th 1856 (Month) (Day) (Year)

AGE: 50 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Laban Spain Wells

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A. Wells

(Address) 739 W. Fayette st

Filed 9/14 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 11 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 9 25 a.m. The CAUSE OF DEATH was as follows:

Uraemic Coma

(DURATION) DAYS

Contributory Nephritis

(DURATION) 2 DAYS

(Signed) J. R. Lane M. D.

Sept 13 1906 (Address) 933 N. Fayette st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 14 1906
UNDERTAKER	ADDRESS
Geo Weber	115 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 93579 Registered No. B 93579

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 Alice Ann St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Bertha Winkler

{ Residence, if in Baltimore, Give Street and Number. } 1506 Alice Ann

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Winkler

(Address) 1502 Alice

Filed 9/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 — 1906

I HEREBY CERTIFY, That I attended deceased from Feb - 2 1906 to Sept 13 — 1906 that I last saw h— alive on Sept 11 1906, and that death occurred, on the date stated above, at —M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri (DURATION) 7 months

Contributory (Primary.) General infection

(Secondary) (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1713 Druid St

Date Sept 13/06 — 1906

Place of Burial Mount Carmel

Date Sept 15th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93580 Registered No. B 93580

CERTIFICATE OF DEATH. 161

(Place of Death.) No. Md University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Albert Francis

{ Residence, if in Baltimore, Give Street and Number. } 822 Chesapeake

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Albert Francis

BIRTHPLACE OF FATHER (State or country) Chester Co Pa

MAIDEN NAME OF MOTHER Lurany P Francis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Francis Jr

(Address) 822 Chesapeake St

Filed 9/14 1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to ..... 190..

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Mastoiditis, Left Ear

Acute Insanity ..... (DURATION) Few hours DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Patrick H Martin M.D.

Address Coroner

Date Sept 12 1906

Place of Burial Loudon Park.

Date SEP 15 1906 190..

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward N 93581 Registered No. B 93581

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Lee Canby

{Residence, if in Baltimore, Give Street and Number.} 1813 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward L Canby

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Hannah Mohler

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bay View Asylum. Lamar Hollyday Supt.

(Address)

Filed 9/14 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13 1906

I HEREBY CERTIFY, That I attended deceased from July 16 1906 to Sept 13 1906 that I last saw h-- alive on Sept 13 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Walter D Stree M.D.

Address Bay View Hospital

Date Sept. 13 1906

Place of Burial Mt. Olivet, ~~Mt. Olivet~~.

Date Sept 16th 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93582

Ward 17 93582 Registered No. B 93582

CERTIFICATE OF DEATH.

(Place of Death.) No. 694 Pierce Street

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Lawson

{ Residence, if in Baltimore, Give Street and Number. } 694 Pierce Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Dont. Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Lawson

(Address) 694 Pierce st

Filed 9/14 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 12 1906

that I last saw her alive on Sept 11 1906,

and that death occurred, on the date stated above, at 4:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

(DURATION) 11 DAYS

Contributory (Primary) Heart Failure

(DURATION) 11 DAYS

(Signed) C. H. Fowler M.D.

Address 945 S. Ann

Date Sept 12 1906

Place of Burial Mt. Zion

Date Sept. 14th 1906

Undertaker C. L. Brandt & Son

Address 108 N. Monroe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

93583 Registered No. B 93583

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1519 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Wagner

{ Residence, if in Baltimore, Give Street and Number. } 1519 N. Mount.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30th. 1860

AGE: 46 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Mathias Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saddle Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth A. Wagner

(Address) 1519 N. Mount St.

Filed 9/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13th 1906

I HEREBY CERTIFY, That I attended deceased from August 11th 1906 to September 13th 1906

that I last saw h. in alive on Sept. 13th 1906,

and that death occurred, on the date stated above, at 7.30 p.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs,

Asthma

(DURATION) 18 DAYS

Contributory (Primary.) Phthysis Pulm. 8 years

(DURATION) DAYS

(Signed) Alex Lehmann M.D.

Address 809 W. North Ave

Date September 14th 1906

Place of Burial Prot. Cathedral

Date Sept. 17th 1906

Undertaker G. F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 5 — 93584 — Registered No. B 93584

CERTIFICATE OF DEATH.

166

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary S. Harris

{ Residence, if in Baltimore, Give Street and Number. } 218½ Eastern

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Home-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Harris

(Address) 916 Lanvale st

Filed 9/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 2-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tract of Bowel

(DURATION) DAYS

Contributory (Primary.) Accidentally Drowned by Electric Car

(DURATION) DAYS

(Signed) 38 Hayman Arons M.D.

Address 216 E. Eastern st

Date Sept 13. 1906

Place of Burial Laurel

Date September 14th 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 93585 — Registered No. B 93585

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 S Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Alfred Coulson

{Residence, if in Baltimore, Give Street and Number.} 408 S Calhoun

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 13th 1862

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm G Coulson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Bantum

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Wm Coulson

(Address) 408 S. Calhoun St

Filed 9/14 1906

HARRY O. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from ... 1906 ... to ... 1906 ... that I last saw h... alive on ... 1906 ... and that death occurred, on the date stated above, at 9.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Augustus Lung ... (DURATION) 6 hours DAYS

Contributory (Primary.) Pneumonia ... (DURATION) 3 days DAYS

(Signed) Thomas Jones M.D.

Address Coroner 2nd Dist.

Date Sept 13 1906

Place of Burial Western Cem

Date Sept 15th 1906

Undertaker John A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

Registered No. B 93586

93586

78

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 S Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margt. H. Dail.

{Residence, if in Baltimore, Give Street and Number.} 917 S Canton St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 21st 1842

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Del.

FULL NAME OF FATHER: Jno. Collison

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Dail

(Address) 917 S Canton

Filed 9/14 1906

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12th 1906

I HEREBY CERTIFY, That I attended deceased from March 11 1906 to Sept. 12 1906 that I last saw h[er] alive on Sept. 2 1906, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis (DURATION) Unknown DAYS

Contributory (Primary.)

Asthma (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton St

Date Sept. 13th 1906

Place of Burial Holy Cross Cem.

Date Sept. 13th 1906

Undertaker John A. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93587

79

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93587

Registered No. B .....

City of Baltimore, (No. Hotel Rennert, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Henson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Don't Know (Month) 1 (Day) Year)

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Albert Henson Sr

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Brooks

(Address) 1107 S Hols Av

Filed 9/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 12th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 4.25m Sept 12 1906 to 4.40 Pm Sept 12 1906 that I last saw h. im alive on Sept 12th 1906, and that death occurred, on the date stated above, at 4.40 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

Do not Know (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. C. Riedler M. D.

Sept 12 1906 (Address) 119 W. Saratoga St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 412 Dolphin Av How long at Place of Death 5 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Sept 15 1906
UNDERTAKER	ADDRESS
H Brooks	1107 Dolphin Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

93588 Registered No. B 93588

57

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George W. Miller

{ Residence, if in Baltimore, Give Street and Number. } 1102 W. Hamburg

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17 1857

AGE: 49 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George W. Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pace

Filed 9/14 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 14 1906

that I last saw h[illegible] alive on Sept 14 1906

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lead poisoning

(DURATION) 5 DAYS

Contributory (Primary.) Paralysis,

(DURATION) DAYS

(Signed) Chas. J. Wells M.D.

Address Franklin Sq. Hospital

Date September 14 1906

Place of Burial Mt. Olivet Cem

Date Sept 17 1906

Undertaker Jos. Joerdens, Son

Address 217 S. Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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93589

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93589

Registered No. B

City of Baltimore, (No. 1625, E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John M. Bernhardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 9th (Day) 1830 (Year)

AGE: 76 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Roycroft

(Address) 1625 E. Lombard St.

Filed 9/14 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1906 to Sept. 11 1906 that I last saw h[illegible] alive on Sept 11 1906, and that death occurred, on the date stated above, at 11.15 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) G. C. Thieme M. D.

Sept. 13 1906 (Address) 1135 Highland Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: 9/15/06 1906

UNDERTAKER: J. Herring & Son

ADDRESS: 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — 93590 — Registered No. B 93590

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hall.

{ Residence, if in Baltimore, Give Street and Number. } Register Street near Baltimore Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): U. S.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/14 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Sept 13 1906 that I last saw her alive on Sept 13 1906, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of the Arch of Aorta.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Sept 14 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 11 1906 190

Undertaker

Address Hall Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

24 0

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

Registered No. B 93591

93591

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Krupelor

{Residence, if in Baltimore, Give Street and Number.} 905 Madeira St.

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	1
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Austria
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Krupelor

(Address) 905 Madeira St.

Filed 9/14 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906.

I HEREBY CERTIFY, That I attended deceased from June 27 1906 to Sept. 13 1906 that I last saw h im alive on Sept. 13 1906, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Pulmonary Odema.

(DURATION) DAYS

Contributory (Primary) Chronic Parenchymatous Nephritis. Cardiac Insufficiency (DURATION) DAYS

(Signed) Geo. H. Pflueger M.D.

Address St. Joseph's Hospital

Date Sept. 13th 1906

Place of Burial

Date 190

Undertaker

Address Health department

JOHNS HOPKINS HOSPITAL SEP 14 1906 Commissioner Health

NAME OF ANDRESS PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 22 — 93592 — Registered No. B 93592

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 661 West Pratt St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Albert Nenning

{Residence, if in Baltimore, Give Street and Number.} 661 West Pratt St

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 12 1834

AGE: 62 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: A. Henning

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Silberg

(Address) 661 W Pratt St

Filed 9/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Sept 13 1906 that I last saw him alive on Sept 13 1906, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate) Gastro Enteritis and Senile Debility

(DURATION) 4 Wks

Contributory (Primary.) Asthenia

(DURATION) 4 Wks

(Signed) Henry C. Orrell M.D.

Address 1703 W. Fayette St

Date Sept 14 1906

Place of Burial London Park Cem

Date Sept 16th 1906

Undertaker Geo. Leimbach & Son

Address 647 W Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

F

93593

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93593

Registered No. B.....

City of Baltimore, (No. 2814 W. Lafayette ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie M. Roueston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. (Month) 5 (Day) 1896 (Year)

AGE: 9 years, 10 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Wilmington Del,

FULL NAME OF FATHER: James Roueston

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Emma Leipold

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas R Shipley

(Address) 2814 W La fayette ave

Filed 9/14 190 6 PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1906 to Sept. 13th 1906 that I last saw h er alive on Sept 12th 1906, and that death occurred, on the date stated above, at 5-30 a. m. The CAUSE OF DEATH was as follows:

Heart Disease

and Bright's Disease

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Zapp M. D.

190 (Address) 3050 W North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Sept 15 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

Registered No. B 93594

93594

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 13 12 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo M Grosskopf

{Residence, if in Baltimore, Give Street and Number.} 1312 Orleans sst

Duration of Residence in Baltimore. 62 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: —— 1

AGE: 81 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germy

OCCUPATION OF DECEASED: retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma F Hall

(Address) 1312 Orleans St

Filed 9/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 13 1906

that I last saw h[e] alive on Sept 12 1906

and that death occurred, on the date stated above, at 11 4 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 7 DAYS

Contributory (Primary) Senile Gangrene (DURATION) DAYS

(Signed) E L Weyforth M.D.

Address 1207 E. Monument

Date Sept. 13. 1906

Place of Burial Baltimore Cem.

Date Sept 15, 1906

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 93595 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil Odendal

{ Residence, if in Baltimore, Give Street and Number. } Old Pimlico & Oakdale Road Baltimore County

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April 13 1906

AGE — years, 4 1/2 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Emile Odendhal

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Anne Morgan

BIRTHPLACE OF MOTHER (State or country) Sacramento Cal

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emile Odendhal

(Address) Old Pimlico & Oakdale Rds

Filed 9/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 3d 1906 to Sept 13th 1906

that I last saw h. in alive on Sept 13th 1906,

and that death occurred, on the date stated above, at 10.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

following Enteritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Riggs M.D.

Address # 1514 Division St.

Date Sept. 13th 1906

Place of Burial New Cathedral Cemetery

Date Sept 15 1906

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 93596 — Registered No. B 93596

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Rizer

{Residence, if in Baltimore, Give Street and Number.} 2204. Maple Ave

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary R. Lee

(Address) 2204 Maple ave

Filed 9/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 13 1906 that I last saw h alive on Sept 13 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St. Joseph's Hospital

Date Sept. 13 1906

Place of Burial New Cathedral Cemetery

Date Sept 15 1906

Undertaker Stewart & Mowen Co,

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 93597 Registered No. B 93597

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Park ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Arens

{Residence, if in Baltimore, Give Street and Number.} 715 Park ave

Duration of Residence in Baltimore. 61 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4th 1822

AGE: 84 years, 4 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Prussia Germany

FULL NAME OF FATHER: Henry Arens

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Jadea Ratien

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Elisabeth Arens

(Address) 715 Park Ave

Filed 9/14 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to Sept 13th 1906

that I last saw h im alive on Sept 13th 1906

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General senile debility

(DURATION) ..... DAYS

Contributory (Primary.) Senility

(Pulmonary Oedema (DURATION) 2 DAYS

(Signed) C. W. Mitchell M.D.

Address 1002 Cathedral St

Date Sept 14th 1906

Place of Burial Green Mt Cemetery

Date September 17th 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Charles Mitchell 1002 Cathedral

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 93598

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 N. Fremont Ave ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Permelia L. Stonesifer

{Residence, if in Baltimore, Give Street and Number.} 301 N Fremont Ave.

Duration of Residence in Baltimore. 20 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — — 1860

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Westminster Md

FULL NAME OF FATHER John Durbin

BIRTHPLACE OF FATHER (State or country) Westminster Md

MAIDEN NAME OF MOTHER Mary Ann Wilson

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louise La Rue

(Address) 301 N. Fremont Ave

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13th 1906.

I HEREBY CERTIFY, That I attended deceased from May 9th 1906 to Sept 13th 1906, that I last saw her alive on Sept 12 1906 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy (DURATION) 60 DAYS

Contributory (Primary) Endocarditis (DURATION) 120 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1330 W. North Ave.

Date Sept 14th 1906.

Place of Burial Westminster Md

Date Sept 15-2 1906

Undertaker Geo Weber

Address 1155 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his, or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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93559

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93559

City of Baltimore, (No. 3076 Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna M. C. Wade

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 20 (Month) (Day) 1836 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm J Davis

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Elizabeth Semble

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roberta Wade

(Address) 30 E Lafayette Ave

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~August~~ Sept 12 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1905 to ~~August~~ Sept 12 1906

that I last saw h[er] alive on Sept 2 1906,

and that death occurred, on the date stated above, at 4 30 P.M. The CAUSE OF DEATH was as follows:

1 Paralysis

Progressive (DURATION) Years

Contributory

(DURATION) DAYS

(Signed) Chas. H. Dulany M. D.

(Address) 1113 Madison Ave

~~October~~ 4th 1906

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Sept 15 1906
UNDERTAKER	ADDRESS
E. C. Wade	240 Edmondson

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93600 — Registered No. B 93600 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amous E Cornish

{Residence, if in Baltimore, Give Street and Number.} 418 S. Durham st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Col

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Walter J Cornish

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sadie Mills

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Mills

(Address) 418 Durham st S.

Filed 9/15 1906

JOHN O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Comer M.D.

Address 326 h Greene st

Date 190

Place of Burial Loud Memory

Date Sept 15 1906

Undertaker A A & Mintt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 93601 Registered No. B 93601

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Ricks

{Residence, if in Baltimore, Give Street and Number.} 319 Roland Ave

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug. 14 — 1844

AGE: 62 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John B. Ricks

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Sininghein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. L. Ricks

(Address) 2940 Huntington Ave

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 12 1906

that I last saw h in alive on Sept 12 1906

and that death occurred, on the date stated above, at 6.40 A M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus ?

(DURATION) DAYS

Contributory (Primary.) Coma (DURATION) 2 DAYS

(Signed) H.C. Agnir M.D.

Address 700 Roland Ave

Date Sept 14 1906

Place of Burial St. Marys Hampden

Date September 15 1906

Undertaker Horace Burger

Address 3621 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 93602 — Registered No. B

CERTIFICATE OF DEATH.

93602

(Place of Death.) No. 520 Orchard St. — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Willie Terrill.

{Residence, if in Baltimore, Give Street and Number.} 520 Orchard St.

Duration of Residence in Baltimore. 1 mos & 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH July 17 1906.

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Marion Wallen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Willie Terrill.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie Terrill

(Address) 867 London Av.

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 14 1906 that I last saw h im alive on Sept 14 1906, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition followed by Enteritis

Diarrhea & Enteritis (DURATION) 2 DAYS

Contributory (Primary) Malnutrition (DURATION) 24 DAYS

(Signed) W. G. Jack M.D.

Address 1117 Eutaw Place.

Date Sept 14 1906.

Place of Burial Mt Auburn

Date Sept 15 1906

Undertaker Alex Hennelly

Address 578 N Bidelle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93603 — Registered No. B 93603

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Young

{Residence, if in Baltimore, Give Street and Number.} 1706 Brunt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1887

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Young.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sophia C. Fowler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Young

(Address) 1706 Brunt St

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept - 1 1906 to Sept 14 1906

that I last saw h[illegible] alive on Sept 13 1906

and that death occurred, on the date stated above, at 1-50 A M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Asphyxia (DURATION) 1 DAYS

(Signed) T. E Daughety M.D.

Address 2506 Pennsylvania Ave

Date Balto Sept 14 1906

Place of Burial Laurel Cemetery

Date Sept 15 1906

Undertaker Alex H Emsley

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the

93604

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93604

City of Baltimore, (No. 556, St Mary st St.; 17 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Durand

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... (Month) ..... (Day) 1832 (Year)

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Mooney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Penn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Durand

(Address) 556 St Mary st

Filed 9/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 1906 to Sept 14 1906

that I last saw her alive on Sept 14 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Hemorrhage from bowels

(DURATION) 2 DAYS

Contributory old age

14 years (DURATION) ..... DAYS

(Signed) G Lane Tanyhill M. D.

Sept 15 1906 (Address) 1103 Madison av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Sept 17 1906

UNDERTAKER Alex Hanley | ADDRESS 5788 Biddle st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93605

Registered No. B.....

City of Baltimore, (No. 1122, Burgundy Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J Boston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 22 (Month) (Day) 1840 Year)

AGE: ..... years, 60 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph High

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Knell

(Address) 917 Columbia Ave

Filed 9/15 1906

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 14 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 14 1906

that I last saw her alive on Sept 14 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of abdominal

..... (DURATION) ..... DAYS

Contributory Uraemic absorption

and exhaustion (DURATION) 7 DAYS

(Signed) J E Price M. D.

Sept 15 1906 (Address) 853 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 16 1906

UNDERTAKER: A Knell & Son

ADDRESS: Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 93606

City of Baltimore, (No. 1823 Lorman St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Swan (Hany Shran)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Swan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Swan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Swan

(Address) 1823 Lorman

Filed 9/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 8-14 1906 to 9-13- 1906 that I last saw h.. alive on 9-13- 1906, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Blood Poison caused by a cancer of the Breast

DURATION 45 DAYS

Contributory cancer

DURATION 45 DAYS

(Signed) Dr G W Bernard M. D.

Sept 13 1906 (Address) 708 Ensor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Sept 15 1906

UNDERTAKER: Wm J Johnson — ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

93607 Registered No. B 93607

CERTIFICATE OF DEATH.

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(Place of Death.) No. 513 E Montgomery St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Clark

{Residence, if in Baltimore, Give Street and Number.} 513 E Montgomery St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 24th 1861

AGE 45 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Clark.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaret Jonges

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Clark

(Address) 513 E Montgomery St.

Filed 9/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1906

I HEREBY CERTIFY, That I attended deceased from July 4th 1906 to Sept 12th 1906

that I last saw him alive on Sept 11th 1906

and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

8 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. O'Donnell M.D.

Address 1340 Scharles St

Date Sept 13th 06 1906

Place of Burial Loudon Park

Date Sep. 15th 1906

Undertaker Edw. J Fanning

Address 1460 Battery ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93608 — Registered No. B 93608 — 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Maternity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Conaway

{Residence, if in Baltimore, Give Street and Number.} 1503 Cor Harvey & Jackson Sts

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Feb 11 1852

AGE: 54 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bulls Md

FULL NAME OF FATHER: James Conway

BIRTHPLACE OF FATHER (State or country): Bulls Md

MAIDEN NAME OF MOTHER: Elga Labura

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Conway

(Address) 1503 Jackson St

Filed 9/15 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

Jan hours accident (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Sept 13 1906.

Place of Burial Bulls Cemetery

Date Sept 16 1906

Undertaker E. J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93609 — Registered No. B 93609

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. 1514-26 Dawson

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Hugo.

{ Residence, if in Baltimore, Give Street and Number. } San Antonio - Texas

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.	COLOR: White
DATE OF BIRTH: Not Known 1837	
AGE: 69 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Banker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Shell

(Address) San Antonio Texas

Filed 9/15 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 14th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1906 to Sept 14 1906 that I last saw h[im] alive on Sept 14 1906, and that death occurred, on the date stated above, at 5.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address # 1514 Dawson St

Date Sept 14 1906

Place of Burial San Antonio Texas

Date Sept. 15th 1906 190

Undertaker Henry H. Zeltin Undertaking Co

Address 233 N. Saratoga ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93610 — Registered No. B 93610 / 25

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Spioch

{Residence, if in Baltimore, Give Street and Number.} 414 S. Ann

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1906 May 14 1905

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Albert Spioch.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Skwiatkow.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Spioch. the mother

(Address) 414 S. Ann St

Filed 9/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 14 1906 that I last saw h— alive on Sept 14 1906, and that death occurred, on the date stated above, at ... A.M. CAUSE OF DEATH (Secondary or Immediate) acute Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wiseman M.D.

Address 16 S Broadway

Date Sept 15th 1906

Place of Burial Holy Rosary.

Date Saturday Sept 15 1906

Undertaker M F Jackowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93611 — Registered No. B 93611

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Irwin.

{Residence, if in Baltimore, Give Street and Number.} 715 Eaton St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 41 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 14 1906 that I last saw h— alive on Sept 14 1906, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of breast.

(DURATION) ... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ... DAYS

(Signed) Walter D Nash M.D.

Address Bay View Hospital.

Date Sept. 14 1906

Place of Burial Laurel

Date Sept 15 1906

Undertaker R A Elliott

Address 572 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 03612

City of Baltimore, (No. 1520, Ashland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Clarence Payne

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sadie Kelly

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Payne

(Address) 1020 Ashland Ave

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9. (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 9. 14 1906 to 9. 14 1906

that I last saw him alive on 9. 14. 1906,

and that death occurred, on the date stated above, at 2 [illegible] M. The CAUSE OF DEATH was as follows:

Bronchial Fed

Diarrhea & enteritis

(DURATION) 14 DAYS

Contributory .....

Rheumatism (DURATION) ..... DAYS

(Signed) Julius Boyd M. D.

9. 14. 1906 (Address) 1937 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Lowe

DATE OF BURIAL: Sept. 15 1906

UNDERTAKER: R A Ellett

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 93613 Registered No. B 93613

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry P. Wolf.

{Residence, if in Baltimore, Give Street and Number.} 1518 Fairmount Ave.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 9 1866
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED OR DIVORCED	Widower -
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo W. Wolf
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Agnes Downey
BIRTHPLACE OF MOTHER (State or country)	Scotland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt C. Wolf

(Address) 2310 E Madison St

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 14 1906 that I last saw h[illegible] alive on Sept 14 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus -

(DURATION) 4 DAYS

Contributory (Primary.) Punctured wound of foot.

(DURATION) DAYS

(Signed) Newton M. Hershner M.D.

Address St. Joseph's Hospital

Date Sept. 14 1906

Place of Burial Baltimore. Cem.

Date SEP 15 1906 190

HARRY G. ANDREWS, PERMIT CLERK.

Undertaker Wm. J. C. Dulany Co.

Address 321 N. HIGHWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93614

City of Baltimore, (No. 555 Robert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Lena Kielerschmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January (Month) 25 (Day) 1879 (Year)

AGE: 27 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Henry Kielerschmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophy Hinkler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kielerschmidt

(Address) 225 Robert St

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1903 to Sept 13 1906 that I last saw her alive on Sept 6 1906, and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) N. Bruckle M. D.

Sept 13 1906 (Address) 13 N. Ll

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 15 1906
UNDERTAKER	**ADDRESS**
John E Howard	17 22 Penna Ave

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. B 93615

CERTIFICATE OF DEATH.

(Place of Death.) No. 2421 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Millard Schoeber.

{ Residence, if in Baltimore, Give Street and Number. } 2421 E Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH June 10 1858

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Nezesiah Clocker

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Caroline Leary

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Clocker

(Address) 2421 E Chase St

Filed Sept 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 9½ M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Cullen M.D.

Address Coroners Office

Date Sept 13 1906

Place of Burial Dulaney Cemetery

Date Sept 16 1906

Undertaker Robt J Sumner

Address 69 Mary Pleasant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8

Registered No. B 93616

93616

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CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm J. McNasby

{ Residence, if in Baltimore, Give Street and Number. } 1404 N. Luzerne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug 19 1872

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: J. McNasby

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: A. Quinn

BIRTHPLACE OF MOTHER (State or country): Charleston S. C.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Martin McNasby

(Address) 1404 Luzerne St

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 14 1906

that I last saw h alive on Sept 13 1906,

and that death occurred, on the date stated above, at 5 — A. M. CAUSE OF DEATH (Secondary or Immediate)

Transverse myelitis

Decubitus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. L. Simmons M.D.

Address St Josephs Hospital

Date Sept 14 1906

Place of Burial Druid Creek

Date Sept 15 1906

Undertaker Clark J. Simmons

Address Bragg Salem

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

93617

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93617

Registered No. B.....

City of Baltimore, (No. 2531, Booth St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie E. Dasch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept (Month) 15 (Day) 1903 (Year)

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Samuel Dash

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Annie Philips

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Dash

(Address) 2531 Booth St

Filed 9/15 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 15, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1906 to Sept. 14, 1906, that I last saw her alive on Sept. 14, 1906, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

General debility
congenital

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) E. A. Dickey M. D.

Sept. 15, 1906 (Address) 2136 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 17 1906
UNDERTAKER	**ADDRESS**
H S Fink	2132 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93618

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93618

Registered No. B .....

City of Baltimore, (No. 927 W Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer C. Swann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 27 (Day) 1882 (Year)

AGE: 24 years, 5 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James E. Swann

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Packer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Clerk for Brok

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Swann

(Address) 927 W Lombard

Filed 9/15 1906

HARRY O. ANDREWS, REGISTRAR

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1906 to Sept 12 1906

that I last saw him alive on Sept 12 1906,

and that death occurred, on the date stated above, at 1250 M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonum

(DURATION) 43 DAYS

Contributory Exhaustion

(DURATION) 43 DAYS

(Signed) August Hons M. D.

1906 (Address) 732 Madison St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 15 1906

UNDERTAKER: Fox & Cook — ADDRESS: 1063 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. B 93619 176

CERTIFICATE OF DEATH.

(Place of Death.) No. En route between Gwynns Falls and Franklin Sq Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Brown

{Residence, if in Baltimore, Give Street and Number.} 5-N- Gilmor

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 13 1893

AGE 13 years, 7 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Balto Md

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Timothy Brown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Angie Kirby

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine McCormick

(Address) 5 N. Gilmor St

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 12th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 12 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage caused by perforation of Intestines, Liver, Stomach & Spleen (DURATION) DAYS

Contributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) C Frank Jones M.D.

Address Coroner's Office

Date Sept 13th 1906

Place of Burial St Peters Cem

Date Sept 15th 1906

Undertaker Joseph R Costa

Address 1003 W. Balto St

P-M ordered

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 93620 — Registered No. B 93620

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 S. Carrollton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion Morisett

{Residence, if in Baltimore, Give Street and Number.} 17 S. Carrollton ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 27th '06 1906
AGE	..... years, ... months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Harry A. Morisett
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Ruth M. Arnold
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Curd

(Address) 17 S. Carrollton ave.

Filed 9/15 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 7th 1906 to Sept. 15th 1906 that I last saw h[illegible] alive on Sept 14th 1906, and that death occurred, on the date stated above, at 12-05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 8 DAYS

Contributory (Primary.) Cold

(DURATION) — DAYS

(Signed) H. M. Stebner M.D.

Address 723 W. Lombard st.

Date Sept. 15th 1906

Place of Burial Loudon Park

Date Sept 17. 1906

Undertaker Jas B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

93629

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93629

Registered No. B.....

City of Baltimore, (No. 62, Caton Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Alice Lillian Smith

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: December 25 1905 (Month) (Day) (Year)	
AGE: 0 years, 8 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John W Smith
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Annie F Schaidle
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Smith

(Address) 62 Caton Ave.

Filed 9/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 13 1906 that I last saw h— alive on Sept 13 1906, and that death occurred, on the date stated above, at 2.10 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia (DURATION) 6 DAYS

Contributory Gastro-Intestinal

Intoxication (DURATION) 14 DAYS

(Signed) Howard W Jones M. D.

Sept 15 1906 (Address) Irving Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 15 1906
UNDERTAKER: C. W. Dill	ADDRESS: 810 Fredk ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — Registered No. B [redacted] 1/28

CERTIFICATE OF DEATH. 93622

(Place of Death.) No. 97 Wilkins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward K. Tolzmann

{Residence, if in Baltimore, Give Street and Number.} 97 Wilkins Street

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 15th 1843

AGE: 63 years, 10 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Karl Tolzmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Stable Boss

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Tolzman

(Address) 97 Wilkins Street

Filed 9/15 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1906

I HEREBY CERTIFY, That I attended deceased from September 7th 1906 to Sept 13th 1906 that I last saw h[illegible] alive on Sept 13th 1906, and that death occurred, on the date stated above, at 11.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia - Heart failure -

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis (DURATION) 7 DAYS

(Signed) Solon S. Holliday M.D.

Address 714 Park ave

Date September 15 1906

Place of Burial Loudon Park.

Date Sept: 17th 1906

Undertaker C. W. Dill

Address 810 Fredk. ave;

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

93623

Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 S Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Hazarenus.

{ Residence, if in Baltimore, Give Street and Number. } 1516 S Charles St

Duration of Residence in Baltimore... 55 yrs 93623

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 4 1810
AGE	96 years, 8 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Lohrman (Granddaughter)

(Address) 1516 S Charles St

Filed 9-15- 1906 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~

that I last saw ~~him alive on~~ ~~1906~~,

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Friedrich M.D.

Address Home

Date Sept 15 1906

Place of Burial Balto Cem

Date Sept 17 1906

Undertaker B. Schloman & Sons

Address 1029 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93624

Ward 13

Registered No. B 93624

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 5th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph. E. Gruna

{Residence, if in Baltimore, Give Street and Number.} 408 5th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX Male	COLOR White	DATE OF DEATH Sept 14 1906
DATE OF BIRTH Aug 14 1906		I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 14 1906
AGE ... years, 1 months, ... days		that I last saw him alive on Sept 14 1906,
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single	and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)
BIRTHPLACE (State or country)	Baltimore City	
FULL NAME OF FATHER	Jos. E. Gruna	Acute Gastro Enteritis.
BIRTHPLACE OF FATHER (State or country)	Wilmington Del.	(DURATION) 8 DAYS
MAIDEN NAME OF MOTHER	Mary Ely. Evans.	Con'ributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)	Holland.	(DURATION) DAYS
OCCUPATION OF DECEASED	Laundress.	(Signed) Harry C. Elgin M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address 348 Roland Ave
(Informant) Mrs. Jos. E. Gruna		Date Sept 14th 1906
(Address) 408 5th St.		Place of Burial St Mary's
Filed Sept 15 1906	Registrar	Date Sept 15 1906
		Undertaker W S Marshall
		Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

93625

Ward 14

Registered No. B 93625

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lafayette,

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Aug. 9, 1906
AGE	..... years, 1 month, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed Sept 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14th 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1906 to Sept 14 1906

that I last saw him alive on Sept 13 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Hayward M.D.

Address 1230 N. Caroline

Date 9/14 1906

Place of Burial New Cathedral

Date Sept. 15th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

HARRY O'. ANDREWS, PRINTER, BALTIMORE.

WM. J. C. DULANY CO., BALTIMORE.

BY SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93626 — Registered No. B 93626 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1049 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel T. Curville

{Residence, if in Baltimore, Give Street and Number.} 1049 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 44 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Curville

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margt. Dolcher

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1049 Greenmt. Ave

Filed Sept 15, 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

Dr Robinson 9917

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 13 1906 that I last saw h[im] alive on Sept 13 1906 and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma & Exhaustion

1 (DURATION) DAYS

Con'ributory (Primary.) Apoplexy

1 (DURATION) DAYS

(Signed) J. N. Robinson M.D.

Address 726 E Pratt St

Date Sept 15 1906

Place of Burial Mt. Olivet

Date Sept 15th 1906

Undertaker N. E. Whitefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. B 93627

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Centre Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Millman

{ Residence, if in Baltimore, Give Street and Number. } 411 S. Centre Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Sam Millman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Grous

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Abraham Grous.

(Address) 411 S Central Ave

Filed Sept 16 1906

G.S.L.A.B.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 14 1906

that I last saw her alive on Sept 14 1906,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever

Diphtheria

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto St

Date Sept 15 1906

Place of Burial Philip Rd Rose Dale

Date Sept 16, 1906

Undertaker Wm Levinson

Address 1138 Low st

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9362

City of Baltimore, (No. 1104, E. Lombard St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ennie Levinson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 17 1906 (Month) (Day) (Year)
AGE	___ years, 2 months, ___ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore,
FULL NAME OF FATHER	Frank Levinson
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Bernstein
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Levinson

(Address) 1104 E Lombard St

Filed Sept 16 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to Sept 10 1906

that I last saw her alive on Sept 10 1906,

and that death occurred, on the date stated above, at 8 3/4 P.M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

2 months (DURATION) DAYS

Contributory Born weakly as twin and sick since birth (DURATION) DAYS

(Signed) M. M. Harap, M. D.

Sept 16 1906 (Address) 1121 Gilead

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philipsburg Roanoke	Sept 16 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lombard St

WM. J. C. DULANY CO., BALTIMORE

93629

HEALTH DEPARTMENT

Ward 10

Registered No. B 93629

77

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hooper

{ Residence, if in Baltimore, Give Street and Number. } 46 Eaton av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX F	COLOR W.	DATE OF DEATH September 15th 1906
DATE OF BIRTH Jan 28th 1863.		I HEREBY CERTIFY, That I attended deceased from Sep. 10th 1906 to Sep. 15th 1906
AGE 43 years, months, days		that I last saw h[illegible] alive on Sep. 15th 1906
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married	and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	Baltimore Md	Acute Pulmonary Tuberculosis
FULL NAME OF FATHER	John Fenton	Acknowledged
BIRTHPLACE OF FATHER (State or country)	Ireland	(DURATION) — DAYS
MAIDEN NAME OF MOTHER	Mary Fitzsimmons	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country)	Ireland	(DURATION) DAYS
OCCUPATION OF DECEASED	Housework	(Signed) Wm. A. Sorey M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address City Hospital
(Informant)	Frank L. Hooper	Date Sep. 15th 1906
(Address)	46 Eaton Ave	Place of Burial Loudon Park
Filed Sept 16 1906	Registrar	Date Sept 17th 1906.
		Undertaker William Cox
		Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9

Registered No. B 93650

CERTIFICATE OF DEATH.

Place of Death.) No. 108 Monticello ave Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A Lightner

{ Residence, if in Baltimore, Give Street and Number. } 108 Monticello ave Waverly

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Not Known 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lightner

(Address) 108 Monticello ave

Filed Sep 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 14 1906 that I last saw her alive on Sept 14 1906, and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Malarial Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hyman Nathanson M.D.

Address 257 Forrest ave

Date Sept 15 1906

Place of Burial Baltimore Leeu

Date Sept 16 1906

Undertaker Wm Cook

Address 502 E Monument ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93681

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

93681

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1806, Hope St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roger L. Dillon

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX	Male	DATE OF DEATH Sept. 15 1906 (Month) (Day) (Year)
COLOR	White	
DATE OF BIRTH	October 12 1905 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from Sept. 11 1906 to Sept. 15 1906 that I last saw h alive on Sept. 14 1906, and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:
AGE	years, 10 months, 27 days	Pneumonia (Child had been ill about five days when I was called) (DURATION) DAYS
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single	Contributory (DURATION) DAYS
BIRTHPLACE (State or country)	Washington, D. C.	(Signed) C. A. Caswell, M. D.
FULL NAME OF FATHER	Harry R. Dillon	Sept. 15 1906 (Address) 1714 Hanover ave
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
MAIDEN NAME OF MOTHER	Catherine Keath	Former or Usual Residence How long at Place of Death? Days
BIRTHPLACE OF MOTHER (State or country)	North Carolina	Where was disease contracted, if not at place of death?
OCCUPATION OF DECEASED	None	PLACE OF BURIAL OR REMOVAL Greenmount. DATE OF BURIAL Sept. 16 1906
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		UNDERTAKER Woodcock ADDRESS 502 E. North Ave
(Informant)	Catherine Dillon	
(Address)	1806 Hope St.	
Filed Sept 16 1906	Registrar	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93052

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. B 93052

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 N. Parrish. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen M. Howard.

{ Residence, if in Baltimore, Give Street and Number. } 307 N. Parrish Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH — 1884

AGE 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Peter Howard.

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rachel Jackson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Howard

(Address) 1313 W. North ave.

Filed Sep 16th 1906 F. L. S. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1906 to Sept 14th 1906 that I last saw her alive on Sept 12 1906, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) Not Known DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 N. North ave Balto Md.

Date 190 6

Place of Burial Mt. Zion Cem.

Date Sep 16 1906

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93633

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B 93633

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A White

{ Residence, if in Baltimore, Give Street and Number. } 1002 Shields Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: December 31 1898

AGE: 17 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George White

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Agnes Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel White

(Address) 1002 Shields Alley.

Filed Sept 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 15 1906

that I last saw him alive on Sept 15 1906,

and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Sept 16 1906

Place of Burial Mt Auburn

Date Sept 16 1906

Undertaker McKnew Sons

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93654

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B 93654

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Grzech

{Residence, if in Baltimore, Give Street and Number.} 721 S Bond

Duration of Residence in Baltimore. 24 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: John Mach.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Gorza.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Grzech

(Address) 721 S. Bond St

Filed Sept 16 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 15 1906 that I last saw h[e] alive on Sept 14 1906, and that death occurred, on the date stated above, at A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

(DURATION) 2 wks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J Valentin M.D.

Address 16 E. Aisquith

Date Sept 15 1906

Place of Burial St Stanislaus.

Date Monday Sept 17 1906

Undertaker M F. Andowski

Address 703 S. Conn. Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93635

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

93635

Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. 1440 Block St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Felix Kogut

{ Residence, if in Baltimore. Give Street and Number. } # 1440 Block st

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Feby 23 1905

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto - Md.

FULL NAME OF FATHER Michael Kogut.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Josefa Plotek.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kogut.

(Address) 1440 Block St

Filed Sept 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 6 1906 to Sept. 16 1906 that I last saw h im alive on Sept. 15 1906, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 84 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna st

Date Sept. 16th, 1906

Place of Burial St Stanislaus.

Date Monday Sept 17 1906

Undertaker W. F. Jadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93636 17

Ward .....

Registered No. **B** 93636

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 Brune St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stevenson Dungan

{ Residence, if in Baltimore, Give Street and Number. } 615 Brune St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	June 13 1854
AGE	52 years, 3 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Louis Dungan
BIRTHPLACE OF FATHER (State or country)	Balto, Md.
MAIDEN NAME OF MOTHER	Marg. L. Mason
BIRTHPLACE OF MOTHER (State or country)	Balto., Md.
OCCUPATION OF DECEASED	Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Stevenson Dungan

(Address) 615 Brune St.

Filed Sept 16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1906 to Sept 14th 1906 that I last saw h.. alive on Sept 13th 1906, and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever,
Intestinal Hemorrhage
Asthenia.

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St.

Date Sept 15th 1906

Place of Burial Greenmount Cemetery

Date Sept 17, 1906

Undertaker Henry W. Means & Sons

Address 705 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

93687

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 93687

118

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Brunt

{Residence, if in Baltimore, Give Street and Number.} 1019 Watson St.

Duration of Residence in Baltimore. Seventy-five years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Unknown 1	
AGE About 75 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER Ralph Brant	
BIRTHPLACE OF FATHER (State or country) Baltimore	
MAIDEN NAME OF MOTHER Morgarite McCrea	
BIRTHPLACE OF MOTHER (State or country) Baltimore	
OCCUPATION OF DECEASED Horseman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs L. C. Ballman

(Address 1114 Masher St.

Filed Sept 16 1906 F. C. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 16 1906 that I last saw him alive on Sept 16th 1906, and that death occurred, on the date stated above, at 9 45 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Appendicitis -
General Peritonitis &
Intestinal Obstruction

(DURATION) 6 DAYS

Contributory (Primary) Acute Appendicitis

(DURATION) 6 DAYS

(Signed) R. P. Bay M.D.

Address University Hospital

Date Sept 16, 1906

Place of Burial London Park

Date Sept. 18th 1906

Undertaker Graham & Walker

Address 723 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 93638 — Registered No. B 93638 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 N Port St — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Terezie Kramek

{Residence, if in Baltimore, Give Street and Number.} 809 N Port St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Josef Kramek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Kozda

BIRTHPLACE OF MOTHER (State or country): Bohema

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Kramek

(Address) 809 N Port St

Filed 9/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 16 1906

that I last saw h[er] alive on " 1906,

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

1 Diphtheria

(DURATION) 13 DAYS

Contributory (Primary.) Cardiac Paralysis (DURATION) 3 DAYS

(Signed) William T Groome M.D.

Address 2008 Linden Ave

Date Sept 16. 1906

Place of Burial Oak Hill

Date Sept 17 1906

Undertaker Frank Frank

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

8. A. W.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 93639 — Registered No. B 93639

56

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Henry E. Hitchcock

{Residence, if in Baltimore, Give Street and Number.} 1405 E. 1404 Pratt St.

Duration of Residence in Baltimore. 32 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 24 1874

AGE: 31 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George W. Smith

BIRTHPLACE OF FATHER (State or country): Ellicott City Md

MAIDEN NAME OF MOTHER: Rosie. Hughes

BIRTHPLACE OF MOTHER (State or country): New York N.Y.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie. Hughes

(Address) 1405 E. Pratt St

Filed 9/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 16 1906

that I last saw him alive on Sept 16 1906,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Delirium Tremens

(DURATION) 1 DAYS

Contributory (Primary) fractured leg

(DURATION) DAYS

(Signed) Robt C. C Bay M.D.

Address University Hospital

Date Sept. 16 1906

Place of Burial St Vincents Cem

Date September 18 1906

Undertaker Wm J. Tickner & Sons

Address Lanvale & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Dr Bay Balto, on Pratt, Heart in awful condition, and [illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B 93640

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 Fall Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia A. Sterner

{Residence, if in Baltimore, Give Street and Number.} 416 Fall Road

Duration of Residence in Baltimore. 17 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Female | COLOR White

DATE OF BIRTH Aug 9 1850

AGE 56 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Fred. Bailey

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Anna Zimmerman

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Home Duty

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Levi A Sterner

(Address) 416 Fall Road

Filed Sept 17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to Sept 14 1906 that I last saw her alive on Sept 14 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Myelitis (DURATION) 1 Yr DAYS

Contributory (Primary.) Apoplexy (DURATION) 1 DAYS

(Signed) H. N. Fries M.D.

Address 12 E 25th St

Date Sept 15 1906

Place of Burial Green Mount Cem Freedom

Date Sept 17 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward IX Registered No. B 93641

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Wilson

{Residence, if in Baltimore, Give Street and Number.} 2028 Eutaw Place, City

Duration of Residence in Baltimore. 51 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: aug 19 1836

AGE: 70 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: dont Kno

BIRTHPLACE OF FATHER (State or country): ___

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Kenny
Brother in Law
(Address) 2223 Bolton Avenue

Filed Sept 17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 14 1906 that I last saw him alive on Sept 14th 1906, and that death occurred, on the date stated above, at 11.47 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Uraemia

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address J. H. Hospital

Date Sept. 14, 1906. 190

Place of Burial Dr. Bells Point Cem

Date Sept 17 1906

Undertaker Jacob Ahrens Co

Address 730 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL. CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93642

City of Baltimore, (No. 708 Lemox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Wolf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Oct (Month) 3 (Day) 1845 (Year)

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Posen

FULL NAME OF FATHER: Joseph Wolf

BIRTHPLACE OF FATHER (State or country): Posen.

MAIDEN NAME OF MOTHER: Sarah Hirsch

BIRTHPLACE OF MOTHER (State or country): Prussia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Wolf

(Address) 708 Lemox St.

Filed Sept 17 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.40 a. m. The CAUSE OF DEATH was as follows:

Apoplexy Sudden (DURATION) DAYS

Contributory Nephritis (DURATION) DAYS

(Signed) Howard L. Silver M. D.

Sept 16 1906 (Address) 1914 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Fellstown Cem. DATE OF BURIAL: 9/17 1906

UNDERTAKER: J. A. Reese Co. ADDRESS: 705 N. Eutaw St.

X

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause*** and ***date*** of death.

15

93643

56

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93643

City of Baltimore, (No. 1548 N. Stricker St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Stothert.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... (Month) ... (Day) 1847 (Year)

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Thos. Moss.

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Stothert

(Address) 1548 N. Stricker St

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 15th (Day), 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 13th, 1906 to Sept. 15th, 1906 that I last saw h[illegible] alive on Sept. 14th, 1906, and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy, with Cardiac and Respiratory failure.

(DURATION) 2 DAYS

Contributory Chronic Alcoholism. (DURATION) 4 Yrs. DAYS

(Signed) Wm. E. Miller M. D.

Sept. 16th, 1906 (Address) 2269 Penna. Ave,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sept 17 1906
UNDERTAKER	ADDRESS
John E Howgate Co	1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93644

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93643

City of Baltimore, (No. 348 W Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Page

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 5 1830 (Month) (Day) (Year)
AGE	76 years, 1 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Washington Page
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Elizabeth Cayett
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Doctor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R B Morris

(Address) 348 W Dolphin St

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7th 1906 to Sept 14th 1906 that I last saw him alive on Sept 14th 1906, and that death occurred, on the date stated above, at 3.40 P. M. The CAUSE OF DEATH was as follows:

Chronic nephritis with uraemia Ide Cullen

Contributory Cystitis, (DURATION) 4 DAYS

age (DURATION) years DAYS

(Signed) Clement A Penna M. D.

Sept 16th 1906 (Address) 21 W 1st Ryd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sep 17 1906
UNDERTAKER	ADDRESS
John E Stough & Co	1422 Penna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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93645

108

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93645

City of Baltimore, (No. 1418 Rutter St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Porter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm Porter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Davis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine Davis

(Address) 1418 Rutter St

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 15 1906 that I last saw h er alive on Sept 15 1906, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Intestinal Obstruction due to Volvulus.

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Albert F. Cooney M. D.

Sept 16 1906 (Address) 15?? John st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Sept 17 1906

UNDERTAKER: Alex H Ensley

ADDRESS: 57 S W Baltimore

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

93646

Registered No. B 93646

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1031 Greenmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Middendorf

{Residence, if in Baltimore, Give Street and Number.} 1031 Greenmount Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 13 1906

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Middendorf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary C. Bahlman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Middendorf

(Address) 1031 Greenmount Ave

Filed 9/17 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 13 1906 to Sept. 16 1906 that I last saw him alive on Sept. 13 1906, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (about 7 mos.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Sept. 16 1906

Place of Burial St. Alphonsus

Date Sept 17 + 1906

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

93647

Ward 23

Registered No. **B** 93647

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 W Henrietta st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew F Kiel

{ Residence, if in Baltimore, Give Street and Number. } 23 W Henrietta st-

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Sept 1st 1906

AGE: ..... years, ... months, 15 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew F. Kiel

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa Gratz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew F Kiel

(Address) 23 W Henrietta

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 15th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1906 to Sept 15th 1906 that I last saw him alive on Sept 15th 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth, and inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light st

Date Sept 16th 1906

Place of Burial

Date 190

Undertaker

Address

LAUREL, MD. SEP 1 1906 HENRY O. ARMSTRONG, PRATT CLERK.

Armstrong Denny Co. 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93648

City of Baltimore, (No. 107, Watts St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas A Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Feb (Month) 22 (Day) 1815 (Year)

AGE ..... years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas A Hill

BIRTHPLACE OF FATHER (State or country) Culpepper Va.

MAIDEN NAME OF MOTHER Cassie Herman

BIRTHPLACE OF MOTHER (State or country) Snow Hill Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Anderson

(Address) 1116 Gordon al

Filed 9/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to Sept 15 1906 that I last saw him alive on Sept 15 1906, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia

(DURATION) 8 DAYS

Contributory Marasmus

(DURATION) 60 DAYS

(Signed) Fannie R. Brune M. D.

Sept 16 1906 (Address) 1310 S Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Sept 17 1906

UNDERTAKER Frost Toadvine | ADDRESS 206 Woodlawn

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

Ward 7 — 93649 — Registered No. B 93649

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Walker

{Residence, if in Baltimore, Give Street and Number.} 522 Elbow Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Walker

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lizzie Groves.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Walker

(Address) 522 Elbow Lane.

Filed 9/17 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 Coroner 190..

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. J. Martus M.D.

Address Coroner

Date Sept 15 1906

Place of Burial Mt. Auburn Cem.

Date September 17 1906

Undertaker John H. Toadvine

Address 626 W. Pike St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 93650 — Registered No. B 93650

CERTIFICATE OF DEATH.

(Place of Death.) No. 1329 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Delany.

{ Residence, if in Baltimore, Give Street and Number. } 1329 Valley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ~~October~~ 63 yrs. years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Patrick Smith

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1329 Valley St.

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to Sept. 15th 1906

that I last saw her alive on Sept. 14th 1906

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. Burke Boyle M.D.

Address 1001 N. Calvert St.

Date Sept. 16th 1906

Place of Burial St Mary's Govanstown

Date Sep. 18 1906

Undertaker Henry. Kouts & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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93651

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93651

Registered No. B .....

City of Baltimore, (No. 934 Greenmount Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margerete Howe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany (Month) 3 (Day) 1906 (Year)

AGE: — years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Howe

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Emma McBride

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Howe

(Address) 934 Greenmount Ave

Filed 9/17 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 16 1906 that I last saw h-r alive on Sept 16 1906, and that death occurred, on the date stated above, at 7.30 P.M. The CAUSE OF DEATH was as follows:

Diarrhea (DURATION) 4 DAYS

Contributory Pertussis (DURATION) ..... DAYS

(Signed) Hugh M Boring M. D.

9/17 1906 (Address) 834 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: Sept 17 1906

UNDERTAKER: Henry Koch & Son | ADDRESS: 1300 E Eager St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, Ci

Ward 7

93652

Registered No. B 93652

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 Dawsons Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachael Weems.

{Residence, if in Baltimore, Give Street and Number.} 205 Dawson Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: July 7, 1906

AGE: — years, 2 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Richard Weems.

BIRTHPLACE OF FATHER (State or country): Calvert County Md.

MAIDEN NAME OF MOTHER: Mary Hard.

BIRTHPLACE OF MOTHER (State or country): Calvert County Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Weems.

(Address) 205 Dawson Alley.

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 14, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1906 to Sept. 14, 1906

that I last saw he alive on Sept. 14 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.) Enteritis

(DURATION) 4 DAYS

(Signed) Walter H. Mayhew M.D.

Address H. of Md. Dispensary.

Date September 15, 1906

Place of Burial Mt Auburn Cemetery

Date Sept 17 1906

Undertaker Dorsett Hooper

Address 609 Little Poca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 20 — 93653 — Registered No. B 93653

CERTIFICATE OF DEATH.

(Place of Death.) No. 2104 Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilda M. Ball

{Residence, if in Baltimore, Give Street and Number.} 2104 Eagle

Duration of Residence in Baltimore. all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 26 1906

AGE: ..... years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~~

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Louis Ball

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Mary Hoffmann

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Parr

(Address) 425 Smallwood St

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 15 1906 that I last saw h er alive on Sept 15 1906, and that death occurred, on the date stated above, at 5 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis & Gastritis

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Best M.D.

Address 2017 Wilkens Ave

Date Sept 16 1906

Place of Burial Western

Date Sept 17 " 1906

Undertaker H S Fink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 9

93654

Registered No. B 93654

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309½ Hillman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian A. White

{Residence, if in Baltimore, Give Street and Number.} 1309½ Hillman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Sept 10th 1902

AGE 4 years, — months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Mathieu White

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Lelia Garvey

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1309½ Hillman

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Sept 11 1906

that I last saw h alive on Sept 11 1906

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericoditis

(DURATION) DAYS

Contributory (Primary.) ~~A~~ Rheumatic Fever (DURATION) DAYS

(Signed) Geo. H. Pflueger M.D.

Address St. Josephs Hospital

Date Sept 16 1906

Place of Burial Cathedral

Date Sept 19 1906

Undertaker H. C. Wiedefeld

Address 914 Gwynn's Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

93655

27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93655

City of Baltimore. (No. 830 McKim St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: March (Month) (Day) 1895 (Year)

AGE: 13 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Thompson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Murphy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Thompson

(Address) 830 McKim St

Filed 9/17 1906

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 15th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from about 1st Sept 1906 to 15th Sept 1906

that I last saw her alive on 14th Sept 1906,

and that death occurred, on the date stated above, at 4 a M. The CAUSE OF DEATH was as follows:

Immed. Exhaustion

Primary. Phthisis Pulmonalis about 60 DAYS (DURATION)

Contributory (DURATION) DAYS

(Signed) W. D. Reynolds M. D.

Sept 15th 1906 (Address) 809 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Sept 18 1906
UNDERTAKER	ADDRESS
W. J. Schaeffer	#8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age,*** condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93656

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93656

City of Baltimore, (No. 3033, O'Donnell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susie Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 19th (Day) 1874 (Year)

AGE: 31 years, 11 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Rehberger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella May Bates

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert E Rehberger

(Address) 3016 Dillon St

Filed 9/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 14. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 9th 1906 to Sept 14th 1906 that I last saw her alive on Sept 13th 1906, and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Exhaustion & Cardiac Syncope

(DURATION) 5 DAYS

Contributory Acute Miliary tuberculosis, became general (DURATION) 8 months

(Signed) D.W. Jones M. D.

Sept 14th 1906 (Address) 3116 O'Donnell St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem	Sept 17 1906
UNDERTAKER	ADDRESS
J Sander & Son	1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of B...

Ward 20 — 93657 — Registered No. B 93657 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Troeger

{Residence, if in Baltimore, Give Street and Number.} 38 840 S. Bond st

Duration of Residence in Baltimore. 38yo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: November 30th 1849

AGE: 57 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Fritz Gareis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Troeger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Pabst

(Address) 840 S. Bond St

Filed 9/17 1906

HENRY ST. INDRENSKI PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8 1906 to Sept 15 1906 that I last saw her alive on Sept 15 1906, and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date Sept 15 1906

Place of Burial Trinity Cem

Date Sept 17 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City

Ward 1 — 93658 — Registered No. B 93658

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 S. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elonod Berends

{ Residence, if in Baltimore, Give Street and Number. } 817 Pond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 31st 1906

AGE ..... years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bernhard Berends

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Edwina A. Willner

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Berends

(Address) 817 S. Port St.

Filed 9/17 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Fuller Coroner M.D.

Address 328 N Greene St

Date Sept 17 = 1906

Place of Burial Mt. Carmel

Date Septr. 17 1906

Undertaker D. Sanders & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPT.

Ward 23 — 93659 — Registered No. B 93659

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Howard Kirby

{Residence, if in Baltimore, Give Street and Number.} 1113 S. Sharp St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 11 1906

AGE: — years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Theo. O. Kirby

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie Williams

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address)

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Sept 15 1906

that I last saw him alive on Sept 15 1906,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis - colitis

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia (DURATION) 4 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St

Date Sept 15 1906

Place of Burial St Peters Cem.

Date Sept 18 1906

Undertaker Davis and Flynn W. L. Flynn

Address 42 - B. West St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

HEALTH DEPARTMENT, City of Baltimore.

93660 Registered No. B 93660

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John N. Berger

{ Residence, if in Baltimore, Give Street and Number. } 1101 William st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH June 5 1905

AGE 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John A. Berger.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth Petty

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Berger

(Address) 1101 Gaden

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Sep 15 1906 that I last saw him alive on Sep 15 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-Colitis

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N. Carrollton ave

Date September 16 1906

Place of Burial Holy Cross Cem.

Date Sept 17. 1906

Undertaker Dalrymple and McFarlane

Address 42 E. Pleasant St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93661

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93661

City of Baltimore, (No. 612 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma L. Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Mch. (Month) 13 (Day) 1906 (Year)

AGE: — years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Daniel Stewart

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Rose Gale

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Gale

(Address) 612 N. Dallas

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 16 1906

that I last saw her alive on " " 1906,

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Pneumonia (Capillary)

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) F. A. Sams M. D.

9-17 1906 (Address) 1402 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 19 1906

UNDERTAKER: Chas G Bailey — ADDRESS: 1431 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93662

City of Baltimore, (No. 1433, Jefferson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy White

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Feb (Month) 22 (Day) 1906 (Year)

AGE: ..... years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo a White

BIRTHPLACE OF FATHER (State or country): Balto city Md

MAIDEN NAME OF MOTHER: Jeanette Cooper

BIRTHPLACE OF MOTHER (State or country): Balto city Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George a White

(Address) 1433 Jefferson st

Filed 9/17 1906

HARRY O. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 16th Sept (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ on the ~~to~~ 14-9 1906

that I last saw ~~him~~ alive on 14-9-1906,

and that death occurred, on the date stated above, at 1.20 P. M. The CAUSE OF DEATH was as follows:

~~First~~ Whooping Cough

about (DURATION) 4 DAYS

Contributory Bronchial Pneumonia

about (DURATION) 2 DAYS

(Signed) E. W. Boyle M. D.

17-9-1906 (Address) 1418 Jefferson St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Sept. 19 1906

UNDERTAKER: Chas G Bailey

ADDRESS: 1424 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th

93663 Registered No. B 93663

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Clement St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Dietrich Schenck

{ Residence, if in Baltimore, Give Street and Number. } 1534 Clement St

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 4 1905

AGE 1 years, 2 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER John D. M. Schenck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Seebode

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. M. Schenck

(Address) 1534 Clement St

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1906

I HEREBY CERTIFY, That I attended deceased from July 26 1906 to Sept 16 1906 that I last saw him alive on Sept 16 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Okahn M.D.

Address 1510 Eutaw

Date Sept 16 1906

Place of Burial Western

Date Sept 17 1906

Undertaker Jno. Shumbelt St

Address 618 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

93664

Registered No. B 93664

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Thames St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard Regolske

{ Residence, if in Baltimore, Give Street and Number. } # 1635 Thames St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: April 27 1906	
AGE: years, 4 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Frank Regolski	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Antonia Jatonska	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Regolski

(Address) 1635 Thames St

Filed 9/17 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Sept 17 1906 that I last saw him alive on Sept. 16 1906; and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

34 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St

Date Sept. 17th, 1906

Place of Burial St Stanislaus.

Date Tuesday Sept 18 1906

Undertaker M F Jackowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

93665

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93665

City of Baltimore, (No. 1169 W. Homberg St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edw. B. Weidemeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar. (Month) 14 (Day) 1894 (Year)

AGE: 12 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Chas. B. Weidemeyer

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Esther Allbright

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. B. Weidemeyer

(Address) 1169 W. Hamburg St.

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Sept 14 1906

that I last saw h— alive on Sept 14 1906

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Edw. [illegible] M. D.

Sept 15 1906 (Address) 517 Lenox

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: Sept. 17 1906

UNDERTAKER: R. J. Dillon

ADDRESS: 746 Columbia Ave.

WM. J. C. DULANY CO., BALTIMORE.

Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And ordained, That whenever any person shall die in the said city it shall be the duty of her last sickness, or the Coroner, when the case comes under his notice, to furnish within or other person superintending the burial, a certificate setting forth, as far as the same whether married or single) of the person deceased, and the cause and date of death.

B-93666
thru
B-93669
missing

or other person shall die in the said city it shall be the duty of the Coroner, when the case comes under his notice, to furnish within
intending the burial, a certificate setting forth, as far as the same
or single) of the person deceased, and the cause and date of death.

...ates in the City of Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

93670

Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death Hospital or give its Name of Street and

Full Name Edward L Porter

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored.

DATE OF BIRTH Unknown 1.....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.
Lamar Hollyday,
Supt.

(Address)

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 11 190 to Sept 17 1906

that I last saw h alive on Sept. 17 190 6

and that death occurred, on the date stated above, at 4 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis, Chronic diffused Nephritis (DURATION) ..... DAYS

Contributory (Primary.) Uraemia

(DURATION) 4 DAYS

(Signed) Walter D Noe M.D.

Address Bay View Hospital

Date Sept 17 1906 190

Place of Burial Mt Auburn Cemetery

Date Sep 17 190

Undertaker J. A. Rudolph

Address 1117 Orleans Ave

HARRY O. ANDREWS
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14 — 93671 — Registered No. B 936

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occ... Hospital or Insti... give its Name ... of Street and Num...

Full Name Amos Musselman

{Residence, if in Baltimore, Give Street and Number.} 112 E Lexington St

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH ... 1 ...

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Lancaster Pa

FULL NAME OF FATHER Henry Musselman

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Annie Eshleman

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Lawyer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D G E Musselman

(Address) Germantown Pa

Filed 9/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1906 to Sept. 16th 1906 that I last saw him alive on Sept. 16th 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Wm A Sorsby M.D.

Address City Hospital

Date September 16th 1906

Place of Burial Lancaster Pa

Date September 18th 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

93672

Registered No. B 93672

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 S. Arlington av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Joyce

{Residence, if in Baltimore, Give Street and Number.} 124 S Arlington av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 78 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Coskin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Creighton

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Joyce

(Address) 122 S Arlington av

Filed 9/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept 15th 1906

that I last saw h— alive on Sept 15 1906,

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) 70 DAYS

Contributory (Primary.) Uremia

(DURATION) 6 DAYS

(Signed) Edw Crumpton M.D.

Address 611 Lanvale

Date Sept 16 1906

Place of Burial St. Peters Cemetery

Date Sept. 18th 1906

Undertaker John J Cowan

Address 907 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93673

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93673

Registered No. B .....

City of Baltimore, (No. 116 N Vincent St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda Keys

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Keyes

BIRTHPLACE OF FATHER (State or country): D. C.

MAIDEN NAME OF MOTHER: Lezzatto Hatch

BIRTHPLACE OF MOTHER (State or country): D. C.

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Keys

(Address) 116 N. Vincent St.

Filed 9/17 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Sept. 16 1906 that I last saw her alive on Sept 16 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Marasmus.

3 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) A. T. VonSchultz M. D.

Sept 16 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 18 1906

UNDERTAKER: F. Elix B. Pye — ADDRESS: 1038 Hull Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 93674 Registered No. B 93674

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 Fold St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet N. Duncan

{Residence, if in Baltimore, Give Street and Number.} 631 Fold St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Col

DATE OF BIRTH August 9 1906

AGE ..... years, One months, 4 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) ~~City~~ Baltimore

FULL NAME OF FATHER Thos Duncan

BIRTHPLACE OF FATHER (State or country) Buffalo NY

MAIDEN NAME OF MOTHER ~~Virginia Hyde Cole~~

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Johnson

(Address) 614 Baker st

Filed 9/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Sept 14 1906 that I last saw her alive on Sept 14 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Houck M.D.

Address 1922 Druid Park

Date September 15 1906

Place of Burial Mt Auburn Cem

Date Sept 17 1906

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ✓ 93675 Registered No. B 93675

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Shakespeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kresina

{Residence, if in Baltimore, Give Street and Number.} 1604 Shakespeare st

Duration of Residence in Baltimore. life 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Sept 20 1864 ~~1906~~

AGE: 42 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frantisek Sirdela

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Steinmel

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frantisek Kresin

(Address) 1604 Shakespeare

Filed 9/17 1906 ✓ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Sept 17 1906

that I last saw h~~e~~ alive on Sept 16 1906

and that death occurred, on the date stated above, at ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 S. Broadway

Date Sept 17 1906 ✓

Place of Burial Holy Redeemer

Date Sept 19 1906

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93676

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93676

City of Baltimore, (No. 1419 McElderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Blass

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: January (Month) 12 (Day) 1906 (Year)

AGE: — years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wolf Blass

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Gaffe

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wolf Blass

(Address) 1419 McElderry

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept. 17 1906

that I last saw h[illegible] alive on Sept 17 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 20 DAYS

Contributory

(DURATION) DAYS

(Signed) M. Hirschman M. D.

9/17 1906 (Address) 900 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Cem. Bnai Israel Cemetery

DATE OF BURIAL: Sept 18 1906

UNDERTAKER: Nilein road

ADDRESS: 918 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

74

93672

106

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93672

Registered No. B

City of Baltimore, (No. 1027, Light St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H Carroll

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Brockter

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Rope maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara H Bockhaltz

(Address) 1027 Light St

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 1903 to Sept. 16 1906

that I last saw him alive on Sept 16 1906,

and that death occurred, on the date stated above, at 9.50 A.M. The CAUSE OF DEATH was as follows:

Debility - and
Entero-Colitis

(DURATION) ~5 DAYS

Contributory Old age —

(DURATION) ..... DAYS

(Signed) Herman Zuell M. D.

Sept 16 1906 (Address) 13 W. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Sept 18th 1906

UNDERTAKER: J. E. Evans & Son — ADDRESS: 428 S. Eden St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

93678

Registered No. B 93678 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Columbia Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Rader

{ Residence, if in Baltimore, Give Street and Number. } 936 Columbia ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 16 1905

AGE: 1 years, months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Augustus Rader

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Annie Lassahn

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Lassahn

(Address) 938 Columbia Ave

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1906

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to Sept 16 1906

that I last saw him alive on Sept 16 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.)

Marasmus (DURATION) 75 DAYS

(Signed) Harry Brizd M.D.

Address 1202 Columbia Ave

Date Sept 17 1906

Place of Burial St. Johns Cemetery Parkville Md

Date Sept 19th 1906

Undertaker Henry C. Lassahn Jr.

Address Fullerton Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 93679 — Registered No. B 93679

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ferraccio

{Residence, if in Baltimore, Give Street and Number.} 806 Eastern ave

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Nov 19 1904

AGE 1 years, 10 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Antonia Ferraccio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Ferraccio

(Address) 806 Eastern Ave

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 17 1906

that I last saw h. alive on Sept 17 1906,

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate)

acute Nephritis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 S Bradway

Date Sept 18 1906

Place of Burial Holy Rosary Cemetery

Date Sept 19 1906

Undertaker Wendell Dippel Co

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

93680

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

(Convent)

Registered No. B 93680

City of Baltimore, (No. Cor Chase & Forest St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1894 (Year)

AGE: 12 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Marinus

(Address) Chas & Forest Sts

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to Sept 1906 that I last saw her alive on Sept 16 1906, and that death occurred, on the date stated above, at 12 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) James M Fenelon M. D.

Sept 18 1906 (Address) 704 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross C'mty

DATE OF BURIAL: Sept 18 1906

UNDERTAKER: Edward A Byrne

ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 93681 — Registered No. B 93681

CERTIFICATE OF DEATH.

(Place of Death.) No. 48 Market Space St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James R Lewis

{Residence, if in Baltimore, Give Street and Number.} 48 Market Space

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: July ~~Oct~~ 13 1846

AGE: 60 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Lewis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary A. Gray

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Johnson

(Address) Arlington Balto Co

Filed 9/18 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 1906 to ~~Dec~~ 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 1-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

1 Intussusception

(DURATION) — DAYS

Con'ributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E. Caroline St Corner

Date Sept. 17, 1906

Place of Burial Western Cem

Date Sept 18 1906

Undertaker Jos. Sanders, Son

Address 217 S. Pine St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 Registered No. B 93682

93682

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Joseph Woodleigh

{ Residence, if in Baltimore, Give Street and Number. } 109 Saratoga St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 93 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Dorsey

(Address) City Hospital

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 31 1906 to Sept. 15th 1906 that I last saw h[illegible] alive on Sept. 15th 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary) Pneumonia

from bowel (DURATION) DAYS

(Signed) Wm C. Dorsey M.D.

Address City Hospital

Date September 16th 1906

Place of Burial Balto Cemetery

Date Sept 18 1906

Undertaker Wm J Gichner & Sons

Address Camden & Pine Sts

WM. J. C. DULANY CO., BALTIMORE.

To be held a few days

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93683

City of Baltimore, (No. 216, S. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col'd
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	76 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Bettie Smith
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Smith

(Address) 216 S dallas st

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to Sept. 16 1906 that I last saw him alive on Sept. 15 1906, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 16 DAYS

Contributory Pneumonia - Asthenia

(DURATION) DAYS

(Signed) Geo L Peters M. D.

Sept. 17 1906 (Address) 6 N. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	Sept 18 1906
UNDERTAKER	ADDRESS
John W Henderson	319 Caroline st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93687

City of Baltimore, (No. 3432 Chestnut ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lloyd M. Gittings

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1873
AGE	33 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Richard M. Gittings
BIRTHPLACE OF FATHER (State or country)	Mayland
MAIDEN NAME OF MOTHER	Mary C Gore
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mary C Gittings Jr

(Address) 3432 Chestnut Ave

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept (Day) 16 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1906 to Sept 16 1906 that I last saw him alive on Sept 16 1906, and that death occurred, on the date stated above, at 11.15 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 132 DAYS

Contributory Bronchopneumonia

(DURATION) 48 DAYS

(Signed) Geo H Cairnes M. D.

Sept 17 1906 (Address) 21 W 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Stone Chapel Balto. Md — DATE OF BURIAL: Sept 18 1906

UNDERTAKER: David McLean Co — ADDRESS: 863 Linden Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 93685 — Registered No. B 93685

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 North Fulton av. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name August Koerner

{ Residence, if in Baltimore. Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3d 1869

AGE: 37 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Gottfried Koerner

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Auguste Weinreich

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gottfried Koerner

(Address) 322 N. Fulton av.

Filed 9/18/1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to Sept. 1906 that I last saw him alive on Sept. 15 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis Anemia
Anasarca

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Brons M.D.

Address 1607 Linden av

Date Sept. 15 1906

Place of Burial Loudon Park

Date Sept 18 1906

Undertaker Philip Deswald Sons

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4

93686

Registered No. B 93686

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Costa Antonino

{Residence, if in Baltimore, Give Street and Number.} Not Known

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	1
AGE	28 years, about months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	- - - -
MAIDEN NAME OF MOTHER	- - - -
BIRTHPLACE OF MOTHER (State or country)	- - -
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Schiaffino

(Address) 34 Canton Avenue.

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 Sept 14 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) DAYS

Contributory (Primary.) Accidentally struck by train (DURATION) DAYS

(Signed) J. S. Hayden Coroner M.D.

Address 1216 N Caroline st

Date Sept. 18, 1906

Place of Burial St Vincents

Date Sept 19 1906

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 93687 Registered No. B 93687

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Anderson

{ Residence, if in Baltimore, Give Street and Number. } Governors Run Md

Duration of Residence in Baltimore. 5 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Black.

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER John Anderson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hannah Janey.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Anderson

(Address) Governors Run Calvert Co Md

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2, 1906 to Sept 16 1906 that I last saw him alive on Sept 16 1906, and that death occurred, on the date stated above, at 1:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of foot

? (DURATION) ? DAYS

Contributory (Primary.) Toxaemia

? (DURATION) ? DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hospital

Date Sept 17 1906

Place of Burial Governors Run

Calvert Co Md

Date 19 Sept 1906

Undertaker George H. Hooper

Address 609 Little Pica

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 93688 Registered No. B 93688

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name R. Granville Mullinix

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 4 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 28 1866

AGE: 39 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Wm A Mullinix

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Bowman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Mullinix

(Address) Damascus Md

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 13th 1906 to Sept 17th 1906 that I last saw h in alive on Sept 17th 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis & Intestinal Obstruction following Appendicitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. F. Riggs M.D.

Address 574 Division St.

Date Sept. 17th 1906

Place of Burial Mt Airy, Carroll Co Md

Date Sep 18 1906

Undertaker Jas B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93689

City of Baltimore, (No. 1527 Clifton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minerva O'Brien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1839 (Year)

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. O'Brien

(Address) 1527 Clifton Ave

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 3 1906 to Sept 16 1906

that I last saw h— alive on Sept 16 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

General Dropsy

..... (DURATION) ..... DAYS

Contributory Dilatation of Heart

..... (DURATION) ..... DAYS

(Signed) H C Polk M. D.

Sept 16 1906 (Address) 2038 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Wards Chapple — DATE OF BURIAL: Sept 19 1906

UNDERTAKER: Balto Co Mill Wm Cook — ADDRESS: 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93690

Registered No. B.....

City of Baltimore, (No. 201 N Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Colour Southern Dorsey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 20 (Day) 1906 (Year)

AGE: ..... years, 4 months, 29 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John A. Dorsey

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Helena A. Broegel

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Dorsey

(Address) Roxbury Balto Co Md

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 15 1906 to Sept. 18 1906

that I last saw h~~im~~ alive on Sept. 18 1906,

and that death occurred, on the date stated above, at 8.00 A.M. The CAUSE OF DEATH was as follows:

Heart failure due to -
Malnutrition

(DURATION) 90 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Mary Meade Dean M. D.

190 ..... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Brazeburg Balto Co Md — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 19th 1906

UNDERTAKER: George Schilling & Son — ADDRESS: 1126 E Monument

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

16

93691

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93691

City of Baltimore, (No. Barnard Sanatorium 2724 N. Charles St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Ethel Waite Round.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 3 1883 (Month) (Day) (Year)
AGE	23 years, 3 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Emory J. Round.
BIRTHPLACE OF FATHER (State or country)	N. Y.
MAIDEN NAME OF MOTHER	Hattie Case,
BIRTHPLACE OF MOTHER (State or country)	Boston Mass.
OCCUPATION OF DECEASED	Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norman U. Round

(Address) Manassas, Va.

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1906 to Sept 16, 1906 that I last saw her alive on Sept 16, 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever.

(DURATION) 33 DAYS

Contributory Shock following Excessive Hemorrhage (DURATION) 5 DAYS

(Signed) Geo. Wm. Hoff, M. D.

Sept 16, 1906 (Address) 2724 N. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 920 N. Fulton, How long at Place of Death? 23 Days

Where was disease contracted, if not at place of death? Bar Creek, Md.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Sept 18 1906
UNDERTAKER	ADDRESS
W. Lukens & Son	Camden Station

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93692 — Registered No. B 93692

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Butler

{ Residence, if in Baltimore, Give Street and Number. } 1116 Warner

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ....1....

AGE: 76 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Lenifer

(Address) 1116 Warner St

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 17 1906

that I last saw h[im] alive on Sept 15 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H S McCard M.D.

Address 136 W Hull St

Date Sept 17 1906

Place of Burial National

Date Sept 19 1906

Undertaker Fred H Tomlinson

Address Lancaster St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93693

Ward 4

Registered No. B 93693

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Weilage

{Residence, if in Baltimore, Give Street and Number.} City Hall Annex

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 29" 1843

AGE 63 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Johann G. Weilage

BIRTHPLACE OF FATHER (State or country) Germany

[redacted] NAME OF MOTHER Bertha Weilage

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Hoffmann Jr

(Address) 1029 W. Lanvale St.

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16th 1906

I HEREBY CERTIFY, That I attended deceased from Sep. 16th 1906 to Sep 16th 1906 that I last saw h[illegible] alive on Sep. 16th 1906 and that death occurred, on the date stated above, at 120 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fatty degeneration of Heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date September 16th 1906

Place of Burial Baltimore Cemetery

Date Sept 18" 1906

Undertaker Henry W. Mears and Sons

Address 805 N. Calvert Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 4

Registered No. B 93694

93694

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H Blackburn

{Residence, if in Baltimore, Give Street and Number.} Non-resident

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Blackburn

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Blackburn

Address Downs Sta. Md.

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Sept 17 1906

that I last saw h— alive on —— 190—,

and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Peritonitis

(DURATION) DAYS

Contributory (Primary) Fibroma Uterus

Pressure (DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 E. Caroline St

Date Sept. 18, 1906

Place of Burial Downs Sta. Md Druid Hill Co

Date Sept. 18th 1906.

Undertaker C. F. McCormick

Address 1729 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 — 93695 — Registered No. B 93695

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Mc Mechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Holmes

{Residence, if in Baltimore, Give Street and Number.} 611 Mc Mechen St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dont Know

AGE: 63 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Davis Lowry

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Bishop

(Address) 1107 Wilkins Ave

Filed 9/18 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 16 1906 that I last saw her alive on Sept 16 1906 and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis
Valvular Disease of
The Heart Asthenia.
Cerebral Effusion (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) W. M. Lewis M.D.

Address 1220 Lindsay Ave

Date Sept 17 1906

Place of Burial Laydens Wholf Va

Date Sept 18 1906

Undertaker J A. Bishop

Address 1107 Wilkins Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

93696

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93696

City of Baltimore, (No. 827 George St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Cockey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1823 (Year)

AGE: 83 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Cromwell Cockey

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Mary Rupert

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Cockey

(Address) 827 George St

Filed 9/18 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1906 to Sept 18 1906 that I last saw h er alive on Sept 16 1906, and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 1 years

Contributory Pressure of fluid around heart + lungs (DURATION) ..... DAYS

(Signed) Albert J. Cooney M. D.

Sept 18 1906 (Address) 1533 Johnst

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 20 1906

UNDERTAKER: Geo W Little — ADDRESS: 631 N Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

93697

Ward 10

Registered No. B 936[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Mc Henry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ruth V. Jones

{Residence, if in Baltimore, Give Street and Number.} 1613 Mc Henry St

93697

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH: Feb 9 1906

AGE: — years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Franklin H Jack.

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Elizabeth Gardner

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr T. H. Jacks.

(Address) 1613 McHenry St.

Filed Sept 18 1906 MARY OF ANDREWS, PERMIT CLERK. Registrar

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1906 to Sept 18 1906 that I last saw h[illegible] alive on Sept 17 1906, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis and Malnutrition

(DURATION) 28 DAYS

Contributory (Primary.) Asthenia

(DURATION) 28 DAYS

(Signed) Henry C. Chase M.D.

Address 1203 W. Fayette St

Date Sept 18- 1906

Place of Burial Mt Olivet Cemetery.

Date Sept 19 1906

Undertaker W. Maurice Rowton

Address 231 N Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 6 Registered No. B 93698

93698

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CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Emil Hesse

{Residence, if in Baltimore, Give Street and Number.} 415 N. Bond St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 20th 1860

AGE: 46 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christian Hesse

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emeline Peltz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida V. Hesse

(Address) 415 N. Bond St.

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 17 - 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 2 - 1906 to Sept. 17 - 1906 that I last saw him alive on 16 - 1906, and that death occurred, on the date stated above, at 1-40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic cerebral meningitis

4 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date Septem 17 1906

Place of Burial Mt. Carmel Cem

Date 9/19/06 190

Undertaker J. Henry & Son

Address 200 S. Arlington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 93699 Registered No. B 93699

CERTIFICATE OF DEATH.

(Place of Death.) No. #1920 McElderry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Jahn

{Residence, if in Baltimore, Give Street and Number.} #1920 McElderry St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 9th. 1854
AGE	51 years, 10 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Bergen Norway
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Norway
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Jahn

(Address) 406 N. Bollington Ave

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 15 1906 that I last saw h[illegible] alive on Sept 15 1906, and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Thrombosis.

(DURATION) 12 DAYS

Contributory (Primary.) Coma and Exhaustion (DURATION) 2 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Sept 17 1906

Place of Burial Balto. Cem.

Date 9/19/06 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

93700

Registered No. B.....

City of Baltimore, (No. 659 Josephine St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME albert Warren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Warren

BIRTHPLACE OF FATHER (State or country): Unknown Md

MAIDEN NAME OF MOTHER: Louise Millburn

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Millburn

(Address) 659 Josephine St

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Sept 16 1906 that I last saw h[illegible] alive on Sept 16 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H B Jones M. D.

Sept 17 1906 (Address) 207 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Lebanon Cemetery | DATE OF BURIAL: Sept 19 1906

UNDERTAKER: R St A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 93701 Registered No. B 93701

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Jackson.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) .....

Filed 9/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept. 17 1906

that I last saw h[illegible] alive on Sept. 17 1906 at 11.30 a.m. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

..... (DURATION) ..... DAYS

Contributory (Primary) Cerebral hyperemia

Senility (DURATION) ..... DAYS

(Signed) Walter D Steel M.D.

Address Bay View Hospital

Date Sept. 17 1906

Place of Burial Laurel Cemetary

Date Sept 18 1906

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5 #6

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93702

City of Baltimore, (No. 1228 Jefferson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Chase

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Jany 14th 1838 (Month) (Day) (Year)

AGE: 68 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Loudin Co Md

FULL NAME OF FATHER: Joseph Watts

BIRTHPLACE OF FATHER (State or country): Loudin Co Md

MAIDEN NAME OF MOTHER: Henrietta Watts

BIRTHPLACE OF MOTHER (State or country): Loudin Co Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hickey

(Address) 1228 Jefferson St.

Filed 9/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 18th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 23d 1906 to Sept 18th 1906

that I last saw her alive on Sept 5th 1906,

and that death occurred, on the date stated above, at 4-30 A. M. The CAUSE OF DEATH was as follows:

Senile Asthenia from Large Fibroid Tumor causing Intestinal Obstruction (DURATION) DAYS

Contributory Agri-genous Senility (DURATION) DAYS

(Signed) W. W. Wilson M. D.

Sept 18th 1906 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Sept 20 1906

UNDERTAKER: Robert A Elliott

ADDRESS: 506 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9370[illegible]

City of Baltimore, (No. 1106 E. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Semmler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	December 21 1885 (Month) (Day) (Year)
AGE	20 years, 8 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Chas. A. Semmler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary C. Sulthaus
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	Confectioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. A. Semmler

(Address) Ino. 1106 E. Lanvale st.

Filed 9/18 1906

[HENRY U. ANDERSON PERMIT CLERK.]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 17 1906 that I last saw him alive on Sept 17 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Acute Bright's Disease

(DURATION) DAYS

Contributory Uremic Coma

(DURATION) two DAYS

(Signed) A. A. Elwell M. D.

Sept 18 1906 (Address) 1741 Hanford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 20 1906
UNDERTAKER	ADDRESS
Jos. N. Reddemore	901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

✓ ✓

24

93704

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93704

Registered No. B

City of Baltimore, (No. 1134 Battery Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME [illegible] Schmidt. Jno. L. Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 19 (Day) 1856 (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Brown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Can-Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) No 1134 Battery Ave,

Filed 9/18 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 17th 1906

Sept. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to Sept 17th 1906

that I last saw him alive on Sept. 14 1906,

and that death occurred, on the date stated above, at 1134 Battery Ave.

M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

6 Months (DURATION) — DAYS

Contributory Chronic

(DURATION) DAYS

(Signed) [illegible] M. D.

Sept 17th 1906, (Address) 721 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Sept 19 1906

UNDERTAKER: Jos. Sturtebeck — ADDRESS: 1618 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 93705

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Rice

{ Residence, if in Baltimore, Give Street and Number. } Hood's Mill, Carroll Co. Md.

Duration of Residence in Baltimore. 42 days 93705

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co. Md

FULL NAME OF FATHER: James M. Rice

BIRTHPLACE OF FATHER (State or country): Middletown, Md.

MAIDEN NAME OF MOTHER: Margaret Swanley

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. J. Wood

(Address) Severn & Eastman

Filed Sept 18 1906

HARRY OF ANDREWS. PERRIT CLERK

Registrar

Laib

Removed to 507 E Dutker

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 7 1906 to Sept 18 1906 that I last saw h alive on Sept 17 1906, and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia probably metastatic.

(DURATION) 42 DAYS

Contributory (Primary.) Carcinoma of breast with wide extension. (DURATION) DAYS

(Signed) Thomas S Cullen M.D.

Address 3. W. Preston St

Date Sept 18 1906

Place of Burial Monocacy Frederick Co Md

Date Sept 19 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93706

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93706

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1407, E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel Schwab

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Daniel Schwab

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Rucker

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacobena Schwab

(Address) 1407 E Fayette

Filed Sept 18 1906 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept: (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 7 1902 to Sept 17 1906 that I last saw h[illegible] alive on Sept 17 1906, and that death occurred, on the date stated above, at 10.10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory Intussusception & Exhaustion

..... (DURATION) ..... DAYS

(Signed) Howard C. Silver M. D.

Sept. 18 1906 (Address) 1914 Baelow St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Carmel | DATE OF BURIAL: Sept 20 1906

UNDERTAKER: Wm Cook | ADDRESS: 502 E North Ave

Laid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B 93707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Waterhouse

{ Residence, if in Baltimore, Give Street and Number. } 1711 E Biddle St

93707

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov 15th 1862

AGE 43 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm E Waterhouse

BIRTHPLACE OF FATHER (State or country) Conn —

MAIDEN NAME OF MOTHER Magaret Geesey

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regina Waterhouse

(Address) 1711 E Biddle St

Filed Sept. 18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1906 to Sept 17th 1906

that I last saw him alive on Sept 12th 1906

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cirrhosis Meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1501 E Eager Ave

Date Sept 17th 1906

Place of Burial Baltimore Cemetery

Date Sept 19th 1906

Undertaker M Flaherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 93708

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 2102 St Paul St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosa Dare Tinsley

{Residence, if in Baltimore, Give Street and Number.} 2102 St Paul St

93708

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: September 1st 1882 ~~1906~~	
AGE: 24 years, ... months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Alexander Tinsley	
BIRTHPLACE OF FATHER (State or country): Virginia	
MAIDEN NAME OF MOTHER: Mary Dare Farran	
BIRTHPLACE OF MOTHER (State or country): West Virginia	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander L. Tinsley

(Address) 2102 St Paul St

Filed Sept. 18 1906 HARRY M. ANDREWS, PERMIT CLERK Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Sept 17th 1906 that I last saw h er alive on Sept 17th 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hs Stenosis (DURATION) DAYS

Contributory (Primary.)

Myelitis (DURATION) 10 DAYS

(Signed) Henry M. Fitzhugh M.D.

Address 211 W. Madison St.

Date Sept 15th 1906

Place of Burial Shepherdstown W Va

Date Sept 19th 1906 ~~190~~

Undertaker Metropolitan Mfg Co

Address 1233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 93709

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 William St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard J. Robbins

{ Residence, if in Baltimore, Give Street and Number. } 614 William st

Duration of Residence in Baltimore. Life

93709

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 15 1855

AGE: 51 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Robbins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Cannon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Elizabeth Robbins

Address 614 William st

Filed Sept. 18 1906

CLERK OF ANDREWS, FAMILY COURT

Registrar

Gaith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 17 1906

I HEREBY CERTIFY, That I attended deceased from Sep 14 1906 to Sep 17 1906 that I last saw h[illegible] alive on Sep 16 1906, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Int Nephritis
Uraemia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W B Burch M.D.

Address 828 N Carroll Ave

Date Sep 18 1906

Place of Burial Balto Cemetery

Date Sept 19 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93710

City of Baltimore, (No. 1066, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Bartholow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August, 12th, 1906 (Month, Day, Year)

AGE: 75 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Elija Bartholow

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Jolretta Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George K Bartholow

(Address) 1066 W Fayette st

Filed 18 Sept 1906

HARRY G. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September, 17th, 1906 (Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1906 to Sept. 16th 1906 that I last saw him alive on Sept 16th 1906, and that death occurred, on the date stated above, at 1.15 A. M. The CAUSE OF DEATH was as follows:

Paralysis

4-Years (DURATION) 7 Months

Contributory Don't know (DURATION) DAYS

(Signed) Harry K. Fox, M. D.

Sept. 17, 1906 (Address) 1313-N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Sept 19 1906

UNDERTAKER: E M Mitchell | ADDRESS: 120 W Fayette St

Paid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B 93711

CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 E Preston St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thos S. Wolcott

{ Residence, if in Baltimore, Give Street and Number. } 1202 E. Preston St 93711

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH — — 1833

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ky

FULL NAME OF FATHER John Tyler

BIRTHPLACE OF FATHER (State or country) Ky

MAIDEN NAME OF MOTHER S. Ann Ford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1202 E. Preston St

Filed Sept 18 1906 HARRY O'ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept 17th 1906 that I last saw h... alive on Sept 16th 1906, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

Nephritis, Chronic Cystitis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffrey Bruce M.D.

Address 1122 N. Caroline St

Date Sept. 16th 1906

Place of Burial Cathedral Cemetery

Date Sept. 19th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9372

City of Baltimore, (No. 304 S Carrie St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick Reiley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: / / 1836. (Month) (Day) (Year)

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 304 S Carolina St.

Filed Sept. 18 1906 HARRY O. ANDREWS Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to 1906

that I last saw h in alive on Sept 12 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis, Interstitial

2 yrs (DURATION) DAYS

Contributory

asthenia & exhaustion (DURATION) 5 DAYS

(Signed) M. D.

Sept 17 1906 (Address) 827 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Vincents Cemetery | DATE OF BURIAL: Sept 19 1906

UNDERTAKER: Francis Spence | ADDRESS: 1870 W. Balto

Lab

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

93713

Ward 11

Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmine Miller

{ Residence, if in Baltimore, Give Street and Number. } —

93713

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	54 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmini Miller

(Address) 317 Forrest st

Filed Sept. 18 1906

HENRY C. ANDREWS, PERMIT CLERK. Registrar

Look

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on = 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow M.D.

Address 320 S Eutaw St.

Date Sept. 18 = 1906

Place of Burial Mt Carmel Cem

Date Aug 19 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 93714 — Registered No. B 93714

CERTIFICATE OF DEATH.

(Place of Death.) No. 896½ W. Baltimore St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Arthur W. Goertz

{ Residence, if in Baltimore, Give Street and Number. } 896½ W. Baltimore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Unknown 1

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry A. Goertz

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine D. Burch

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A. Goertz

(Address) 896½ W Baltimore St

Filed 9/19 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Sept 17 1906

that I last saw him alive on Sept 17 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

1 year (DURATION) ..... DAYS

Con'tributory (Primary.) Asthenia

3 hr (DURATION) ..... DAYS

(Signed) H Norwood M.D.

Address 939 N Fayette St

Date Sept 18 1906

Place of Burial Pikesville Md.

Date Sept 19 1906

Undertaker W M Routson

Address 2301 Green St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93715 — Registered No. B 93715

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Christopher A. Cunningham

{Residence, if in Baltimore, Give Street and Number.} 916 Harford Ave.

Duration of Residence in Baltimore. about 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D. C.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Brass worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Cunningham

(Address) 916 Harford Ave

Filed 9/19 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Sept 17 1906

that I last saw him alive on Sept 17 1906

and that death occurred, on the date stated above, at 1.30 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Bladder

4 Mos (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) James M Fenton M.D.

Address 700 E Chase St

Date Sept 18 1906

Place of Burial Holy Redeemer Cemetery

Date Sept. 20 1906

Undertaker Henry Hoeck & Son

Address 120 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93716

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 14 E., Church St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Martha Darrow

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 1862 (Month) (Day) (Year)

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Perry Darrow

BIRTHPLACE OF FATHER (State or country) Eastern Shore

MAIDEN NAME OF MOTHER Sarah Smith

BIRTHPLACE OF MOTHER (State or country) Queen Annes Co.

OCCUPATION OF DECEASED. Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Green

(Address) 14 E. Church.

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to September 18 1906 that I last saw her alive on Sept 15th 1906, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Heart Disease and Dropsy

(DURATION) 3 Mos DAYS

Contributory Paralysis

(DURATION) 2 years DAYS

(Signed) Frances N. Brune M. D.

Sept. 18th 1906 (Address) 1310 S. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Sept 20 1906
UNDERTAKER	**ADDRESS**
Isaiah L Brown & Son	1080 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 93717 Registered No. B 93717

CERTIFICATE OF DEATH.

(Place of Death.) No. Hunsen's Wharf, Jackson & 5th Lane ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Levin Woolford 6.

{ Residence, if in Baltimore, Give Street and Number. } 1315 Ufton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colord
DATE OF BIRTH	January 6. 1894
AGE	12 years, 8 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Stephen Woolford 6.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Nancy Taylor 6
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Woolford 6 (mother)

(Address) 1315 Ufton St.

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 17 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Coroner

Address

Date Sept 18 1906

Place of Burial Laurel Cemetry

Date Sept 19 1906

Undertaker Wm J Johnson

Address 614 E Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93715

City of Baltimore, (No. 33 Abermale St. St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Polak

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	1 (Month) (Day) Year)
AGE	..... years, ... months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	33 Abermale St.
FULL NAME OF FATHER	Joe Polak
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Marie Mendelson
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant by Father

Address 33 Abermale St.

Filed 9/19 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 18th September 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sep. 16th 1906 to Sep 18th 1906 that I last saw h..... alive on Sep. 18th 1906, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

.....(DURATION) ..... DAYS

Contributory general weakness

.....(DURATION) ..... DAYS

(Signed) J. W. Lubchansky M. D.

9/18 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip's Rd Boardale	Sept 19 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lowst

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 — Registered No. B 93719

93719

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 602 — S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Gettman

{Residence, if in Baltimore, Give Street and Number.} 602 S Bethel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 9th 1864

AGE: 42 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Gettman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Gettman

(Address) 602 S. Bethel St

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Sept 17 1906

that I last saw h— alive on Sept 17 1906,

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 1 mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. J. Valentine M.D.

Address 16 S. Broadway

Date Sept 17 1906

Place of Burial 1st Evangelical Lem

Date September 19th 1906

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts.

PERMIT GRANTED

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 93720 — Registered No. B 93720

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 S. Chester St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Nora Burns.

{Residence, if in Baltimore, Give Street and Number.} 517 S. Chester St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 25th 1870
AGE	36 years, — months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Rausch
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Burns

(Address) 517 S. Chester St

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 22nd 1906 to Sept 16th 1906 that I last saw h[illegible] alive on Sept 16th 1906, and that death occurred, on the date stated above, at 12 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Herman Guerney M.D.

Address 1937 Eastern Ave

Date Sept 17th 1906

Place of Burial Mount Carmel

Date September 19th 1906

Undertaker HENRY SNIDER & SONS,

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 93721 Registered No. B 93721

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Canton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Sapp

{ Residence, if in Baltimore, Give Street and Number. } 931 Canton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 3rd 1863
AGE	43 years, 6 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Adam Sapp
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret Martin
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sapp

(Address) 931 Canton St

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 = 1906

I HEREBY CERTIFY, That I attended deceased from ~ 190 to 190

that I last saw h alive on ~ 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Ludlow Emmon M.D.

Address 320 N Greene St

Date Sept 17 = 1906

Place of Burial Mount Carmel

Date September 19th 1906

Undertaker HENRY ALNUTT & SONS,

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

93722

Registered No. B 93722

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 S Bond — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Gruber —

{ Residence, if in Baltimore, Give Street and Number. } 520 S Bond St —

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 5th 1889

AGE: 16 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Gev. Gruber

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Cath. Oberender

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Holland

(Address) 520 S. Bond St.

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 — 06 — 190

I HEREBY CERTIFY, That I attended deceased from June 5 1906 to Sept-17 1906 that I last saw h in alive on Sept 16 1906, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

3 months — (DURATION) — DAYS

Contributory (Primary.) Continued fever

(DURATION) DAYS

(Signed) J C Brinck M.D.

Address 1713 Park St

Date Sept-17-06 190

Place of Burial 1st Evangelical Cem

Date September 19th 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EPARTMENT, City of Baltimore.

Ward V 93723 Registered No. B 93723

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Bock.

{ Residence, if in Baltimore, Give Street and Number. } 1735 Gough St

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH Sept. 18 1904

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Panner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Bock

(Address) 1733 Gough st

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 18 1906 that I last saw her alive on Sept 18 1906, and that death occurred, on the date stated above, at 5-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 10 DAYS

Contributory (Primary.) Salpingitis

(DURATION) — DAYS

(Signed) Roff C. Bay M.D.

Address University Hospital

Date Sept. 18 1906

Place of Burial Fair View Cem...

Date Sept. 19th 1906

Undertaker H. Landers & Sons

Address 1700 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93724

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93724

City of Baltimore, (No. 918, Greenmount Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elvina M. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 14 1887 (Month) (Day) (Year)
AGE	19 years, 2 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Alexander Slapiman
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Carrie B. Fisher
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Smith

(Address) No. 918 Greenmount ave.

Filed 9/19 1906

HARRY G. ANDREWS, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Sept. 17 1906

that I last saw her alive on Sept. 17 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several months' (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) A. C. Stewell, M. D.

Sept. 18, 1906 (Address) 1741 Harlem ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Sept 20 1906
UNDERTAKER	**ADDRESS**
H. C. Wiedefeld	914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 93725 Registered No. B 93725

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Joseph Ricker

{ Residence, if in Baltimore, Give Street and Number. } 1716 William St.

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 4th 1906

AGE 2 years, X months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto MD

FULL NAME OF FATHER Henry Ricker

BIRTHPLACE OF FATHER (State or country) Balto MD

MAIDEN NAME OF MOTHER Nellie Hammond

BIRTHPLACE OF MOTHER (State or country) Balto MD

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Ricker

(Address) 1716 William St

Filed

190 MARK OF ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 17 1906

that I last saw him alive on Sept 17 1906,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St.

Date Sept 18 1906

Place of Burial Western Cemetery

Date SEP 19 1906 190

Undertaker WILLIAM H. HIGDON.

Address 851 LINDEN AVE.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

19 27

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

937726

Registered No. B.....

City of Baltimore, (No. House of the Good Shepherd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister Magdalen Agatha Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR White

DATE OF BIRTH October 9th 1869
(Month) (Day) Year

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER John Burns

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Helen Bantley

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sisters of Good Shepherd

(Address) .....

Filed 9/19 1906 HARRY O'C. AMBROSE Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 1906

that I last saw her alive on Sept 1906,

and that death occurred, on the date stated above, at .....M.

The CAUSE OF DEATH was as follows:

Pulmonary Consumption

2 years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) C. F. McCholeand M. D.

190 (Address) 1161 Bank

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St. Peters Cem

DATE OF BURIAL Sept 19 1906

UNDERTAKER John J. Fahey

ADDRESS 1053 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 113 Hammerdan court St.; Ward) Registered No. B 93727

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Constantine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb (Month) (Day) 1853 (Year)

AGE: 53 years, 7 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Philip Constantine

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Groth

(Address) 63 E Randall st

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Sept 17 1906

that I last saw h[im] alive on Sept 16 1906,

and that death occurred, on the date stated above, at 8.06 A.M. The CAUSE OF DEATH was as follows:

Hernia

Contributory (DURATION) 2 DAYS

(DURATION) DAYS

(Signed) Herman C. Bulla M. D.

Sept 18 1906 (Address) 13 N. Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Sept 19 1906

UNDERTAKER: Jos. Stumteller — ADDRESS: 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 93728 Registered No. B 93728

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 Columbia Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John James Paderkos.

{ Residence, if in Baltimore, Give Street and Number. } 521 Columbia Ave

Duration of Residence in Baltimore. 6 months & 16 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28th 1906.

AGE: X years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James P. Paderkos

BIRTHPLACE OF FATHER (State or country): Greece

MAIDEN NAME OF MOTHER: Eva Adafow

BIRTHPLACE OF MOTHER (State or country): Greece

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/19 1906 HARRY ST. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 15th 1906

I HEREBY CERTIFY, That I attended deceased from September 4th 1906 to September 14th 1906

that I last saw h.. alive on September 14th 1906,

and that death occurred, on the date stated above, at 4 P.M.

M. CAUSE OF DEATH (~~Secondary or Immediate~~)

Marasmus

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R. O. Day M.D.

Address University Hospital

Date Sept 16, 1906

Place of Burial .....

Date 190

COLLEGE OF P. & S. SEP 18 1906 REGISTRATION BUREAU

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1 4 2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93729

City of Baltimore, (No. 1609 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adria E Reinboldt

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug (Month) 5 (Day) 1905 (Year)

AGE ..... years, 13 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) ~~1547~~ 1549 Bernard St

FULL NAME OF FATHER Allen H Reinboldt

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Ella E. Jubb.

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Reinboldt

(Address) 1609 Aisquith St

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Sept 18 1906 that I last saw h[illegible] alive on Sept 17 1906, and that death occurred, on the date stated above, at 8 AM. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Geo F Jones M. D.

Sept 18 1906 (Address) 1735 Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Carmel | DATE OF BURIAL Sept 19 1906

UNDERTAKER Robert J Turner | ADDRESS Brody

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause* and date of death.

Ward ..... 93730 Registered No. B 93730

CERTIFICATE OF DEATH.

119

Place of Death. No. 904 Pear St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Mathews

{ Residence, if in Baltimore, Give Street and Number. } 904 Pear al.

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Gross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rebecca Rollins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Florence Matthews

Address 904 Pear St.

Filed 9/19 1906 HENRY D. ANDERSON, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sep. 17 1906 that I last saw h er alive on Sep. 16 1906, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Several months (DURATION) DAYS

Contributory (Primary) Cystocele (DURATION) DAYS

(Signed) Edw. Wheatley M.D.

Address 1820 N. Howard St

Date Sep. 18 1906

Place of Burial Mt Auburn

Date Sept 19th 1906

Undertaker Abel Blundon

Address 1580 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93731 Registered No. B 93731

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Schandel

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country)

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday,

(Informant) Supt.

(Address) BAY VIEW ASYLUM

Filed 9/19 1906 Registrar

BAY VIEW ASYLUM
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept. 18 1906 that I last saw h.. alive on Sept. 18 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cy.

Chronic Diffuse Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Accidental Asphyxiation (due to strangulation)

..... (DURATION) ..... DAYS

(Signed) Walter D Stone M.D.

Address Bay View Hospital

Date Sept 18 1906

Place of Burial Sacred Heart Cem.

Date Sept 19" 1906

Undertaker Evans & Spence

Address 118 + 120 W. Mt. Royal Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93732 — Registered No. B 93732

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 S. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Iskevich

{Residence, if in Baltimore, Give Street and Number.} # 617 S. Bond St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Sept 3 1906

AGE: ....years, ...months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Iskevich

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Katie Iskevich

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Iskevich

(Address) 617 S. Bond St

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1906 to Sept. 18th 1906

that I last saw h... alive on Sept. 18 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Trismus Nascentium

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna St

Date Sept. 18. 1906

Place of Burial St Stanislaus

Date Wednesday Sept 19" 1906

Undertaker H. L. Dulanski

Address 702 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 93733 Registered No. B 93780 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 China St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Williams

{Residence, if in Baltimore, Give Street and Number.} 826 China St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Padgett Williams

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Maria Kennard

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L. Williams

(Address) 615 E. Green St.

Filed 9/19 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 18 1906

that I last saw him alive on Sept 18 1906,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerrhosis of Liver

(DURATION) (?) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Ave

Date Sept 19 1906

Place of Burial Northumberland Co. Blackwell Wharf, Va.

Date September 20, 1906

Undertaker John H. Toadvine

Address 2062 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93734 — Registered No. B 93734

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Buck

{ Residence, if in Baltimore, Give Street and Number. } 616 Campbell

Duration of Residence in Baltimore. Week

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Calvert Co

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Savage

(Address) 616 Campbell

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 18 1906

that I last saw h alive on Sept 10 1906,

and that death occurred, on the date stated above, at 10:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Bright's Disease (DURATION) DAYS

(Signed) Thomas Jones M.D.

Address Coroner

Date Sept 18 1906

Place of Burial Calvert Co. Cove Point Md

Date Sept 20 1906

Undertaker Geo H. Jones

Address 816 Orchard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 93735 — Registered No. B 93735

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert C. Simms

{Residence, if in Baltimore, Give Street and Number.} 549 Hoshen

Duration of Residence in Baltimore. 6 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Charles Co, Md.

FULL NAME OF FATHER: John H Simms

BIRTHPLACE OF FATHER (State or country): Charles Co, Md.

MAIDEN NAME OF MOTHER: Susan Hays

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/19 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1906 to Sept. 18 1906 that I last saw him alive on Sept 18 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis,
Cotalgia

(DURATION) DAYS

Contributory (Primary) Intestinal Hemorrhage. (DURATION) DAYS

(Signed) Walter D Rose M.D.

Address Bay View Asylum.

Date Sept. 18 1906

Place of Burial St Peters Cemetery

Date September 19 1906

Undertaker Felix B Fyr

Address 1026 Woodbury St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93736

City of Baltimore, (No. No. 13 W. Bare St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME No name: Parents – Joseph & Minnie Broening.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 15th (Month) (Day) 1902 (Year)

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Joseph J. Broening.

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Marie E. Depkin

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie M. Depkins

(Address) No 1310 Bare st.

Filed 9/19 1906

HARRY O'ANDREWS. PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 19th 1906
Sept. (Month) 19 (Day) 1902 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1906 to Sept 19th 1906,

that I last saw him alive on Sept 19th 1906,

and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 3 hours

Contributory Gastritis acute,

(DURATION) 3 hours

(Signed) David Hendricks M. D.

Sept 19 1906 (Address) 721 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Sept 20th 1906

UNDERTAKER: Mr. & Mrss Jno W. Teufel | ADDRESS: S. E. Cor. of Fremont & Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93737

City of Baltimore, (No. 525 N. Pattison Pkwy St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Williams Bond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: July (Month) 31 (Day) 1906 (Year)

AGE: ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward G. Williams Bond

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Shaps

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Briscoe

(Address) 525 N. Pattpkwy

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 18 1906 that I last saw h[illegible] alive on Sept 17 1906, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) 1 mo DAYS

Contributory Convulsions (DURATION) DAYS

(Signed) Samuel J. King M.D.

Sept 19 1906 (Address) 718 N Patt Pkwy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 20 1906

UNDERTAKER: Chas G. Bailey — ADDRESS: 1417 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93738

Registered No. B.....

City of Baltimore, (No. 1009, Wilcox St. St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thomas Lockard

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Walter J. Lockard

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Emily Burkinson

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE AND BELIEF~~.

(Informant) Mother

(Address) 1009 Wilcox St.

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 19th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1906 to Sept 19 1906 that I last saw him alive on Sept 15 1906, and that death occurred, on the date stated above, at 1 AM

M. The CAUSE OF DEATH was as follows:

digestive disturbance following chicken pox, as far as I have got from Sept 4th '06, had been nursing mother who had typhoid fever (DURATION) 15 DAYS

Contributory Inanition - 7 to last 12 hours never any fever, and good pulse up to last 15 (DURATION) DAYS

(Signed) Frank E Brown M. D.

1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 20 1906

UNDERTAKER: H C Wedefeld — ADDRESS: 918 Green

Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93739 — Registered No. B 93739

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet R. Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 1607 E. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Burket Tilman

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Husband

(Address) 1607 E. Lombard st

Filed 9/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Oct 19 1906

that I last saw h — alive on — 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Accidental Fall

(DURATION) DAYS

(Signed) Jno. A Hayden M.D.

Address 216 N Caroline Corner

Date Sept 19 1906

Place of Burial Rock Creek Anderson dale Co md

Date Sept 22 1906

Undertaker Robert A Ellicott

Address 5 old Rogers Ave

HARRY G. ANDREWS PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

BOARD OF HEALTH REGULATIONS

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93740

City of Baltimore, (No. 1051, W Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norris Melvin McCormick

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	December (Month) 5 (Day) 1905 (Year)
AGE	..... years, 9 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Norris L McCormick
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Florence E Christopher
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence E Christopher

(Address) 1051 Fayette st

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 18 1906 that I last saw h in alive on Sept 18 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Bilateral Pneumonia

(DURATION) 3 DAYS

Contributory Convulsions

(DURATION) 4 hours ~~DAYS~~

(Signed) Leo R Graham M. D.

Sept 19 1906 (Address) 725 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 20 1906
UNDERTAKER	ADDRESS
Lewis F. Schaefer	916 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 — 93741 — Registered No. B 93741

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Fletcher

{Residence, if in Baltimore, Give Street and Number.} 645 Pear St.

Duration of Residence in Baltimore. 1 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Black

DATE OF BIRTH ..... 1.....

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm. King.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Turner.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Steward

(Address) 645 Pear St.

Filed 9/19 1906 HARRY J. ANDREWS PERRY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1906 to Sept 18 1906 that I last saw her alive on Sept 18, 1906, and that death occurred, on the date stated above, at 2-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

6 weeks. (DURATION) — DAYS

Contributory (Primary) Heart Failure.

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Sept 18 1906

Place of Burial Mt Auburn Cem

Date Sept 20 1906

Undertaker W M Routson

Address 230 N. Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93742

City of Baltimore, (No. Nursery & Child's Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma Clifford.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 7 (Month) – 1 (Day) – 1906 (Year)

AGE: ..... years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M. Stone

(Address) N.T.C. Hospital.

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) – 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to Sept 18 1906 that I last saw h— alive on Sept 18 1906, and that death occurred, on the date stated above, at 5.30 P.M. The CAUSE OF DEATH was as follows:

Marasmus.

—

(DURATION) DAYS

Contributory Exhaustion.

(DURATION) DAYS

(Signed) W. Edw. Magruder, M. D.

Sept. 19 1906 (Address) 922 Mad. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem.	9/20 1906
UNDERTAKER	ADDRESS
J. Henrig Son	2008 Auburn St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 93743 — Registered No. B 93743

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CERTIFICATE OF DEATH.

(Place of Death.) No. 529 King St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancy J. Williams

{Residence, if in Baltimore, Give Street and Number.} 529 King St.

Duration of Residence in Baltimore. All her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Doesn't know 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Cook

BIRTHPLACE OF FATHER (State or country): Doesn't know

MAIDEN NAME OF MOTHER: Caroline Grant

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiner Bailey

(Address) 529 Kings St

Filed 9/20 1906

HARRY O. ANDREWS, CITY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 18 1906 that I last saw her alive on Sept 18, 1906, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

(DURATION) 4 hrs DAYS

Contributory (Primary.) Asthma

(DURATION) DAYS

(Signed) Roth C Bay M.D.

Address University Hospital

Date Sept 18 1906

Place of Burial Laurel Cemetery

Date Sept 20 1906

Undertaker George H Hooper

Address 609 Little Heart

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B 93744

93744

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 527 N Washington Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolonia Images

{ Residence, if in Baltimore, Give Street and Number. } 527 N Washington St.

Duration of Residence in Baltimore. 70 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 11 1826

AGE 80 years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Paul Caville

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Kerbs

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Images

(Address) 527 N Washington St

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18-1906 1906

I HEREBY CERTIFY, That I attended deceased from ~~July~~ July 8 1906 to Sept. 18 1906 that I last saw h alive on Sept. 17 1906, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Val Dis. of heart - Atheroma - Sclerosis -

(DURATION) 1 year ~~DAYS~~

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo. L. Watkins M.D.

Address 6 N. Broadway

Date ~~July~~ Sept. 18 1906

Place of Burial Greenmount Cemetery

Date Sept. 20 1906

Undertaker Evans' Sturmer

Address 118 & 120 N. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th

93745

Registered No. B 93745

CERTIFICATE OF DEATH.

(Place of Death.) No. 2435 E Preston St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Daisy Bell Meyers

{ Residence, if in Baltimore, Give Street and Number. } 2435 E Preston

Duration of Residence in Baltimore. Eight years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 17 1906

AGE: 10 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: Benj F Meyers

BIRTHPLACE OF FATHER (State or country): York Co Pa.

MAIDEN NAME OF MOTHER: Ida Peiffer

BIRTHPLACE OF MOTHER (State or country): York Co. Pa.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F Myers

(Address) 2435 E Preston St

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Sept 17 1906 that I last saw her alive on Sept 17 1906, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid & Pneumonia

29 (DURATION) 29 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alex. S. Gaff M.D.

Address 727 N Broadway

Date 9/18/06 190

Place of Burial Baltimore Cemetery

Date Sept 21 1906

Undertaker Wm J Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 937746 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pierre A. Clunet

{Residence, if in Baltimore, Give Street and Number.} 641 Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W.
DATE OF BIRTH	1869
AGE	37 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Victor Clunet
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Shannon
BIRTHPLACE OF MOTHER (State or country)	Md..
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Clunet

(Address) 1307 Bolton St

Filed. 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1906 to Sept. 19 1906

that I last saw h[illegible] alive on Sept. 19th 1906, and that death occurred, on the date stated above, at. 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Acute Alcoholism (DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date September 19th 1906

Place of Burial London Park

Date Sept. 21st 1906

Undertaker David McLean Co.

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 93747 Registered No. B 3814 81

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Andrew Munkens

{Residence, if in Baltimore, Give Street and Number.} Belair Road. Balto Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1838

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) + Pfleuger M.D.

(Address) St Josephs Hospital

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 19 1906

that I last saw h[illegible] alive on Sept 19 1906,

and that death occurred, on the date stated above, at 6.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) 1 DAYS

Contributory (Primary.) Paraplegia: Diffuse Arteria Sclerosis (DURATION) DAYS

(Signed) Geo A. Pfleuger M.D.

Address St. Josephs Hospital

Date Sept 19 1906

Place of Burial St Joseph's Cemetery Balto Co Md.

Date Sept 20 1906

Undertaker Henry C Gassaway

Address Fullerton Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 93748 Registered No. B 93748

CERTIFICATE OF DEATH.

(Place of Death.) No. 2139 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Vermillion

{Residence, if in Baltimore, Give Street and Number.} 2139 Wilkens Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 7th 1905
AGE	— years, 9 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Thos. E. Vermillion
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Clara B. Ward
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara B Ward

(Address) 2139 Wilkens Ave.

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19— 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to Sept 19 1906 that I last saw him alive on Sept 18 1906, and that death occurred, on the date stated above, at 9:15 A.M. CAUSE OF DEATH (Secondary or Immediate) Gastro Enteritis and Malnutrition

(DURATION) 9 wks DATE

Contributory (Primary.) Asthenia

(DURATION) 1 wk DAYS

(Signed) Henry C. Ahle M.D.

Address 1203 W. Fayette St

Date Sept 19 1906

Place of Burial Western Cem.

Date Friday Sept. 21, 1906

Undertaker Wm Cook

Address 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 93749 Registered No. B 93749

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S. Fulton Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth a. Taylor

{ Residence, if in Baltimore, Give Street and Number. } 118 S. Fulton ave -

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1854

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Pilson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos E Taylor

(Address) 118 S Fulton ave

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19th 1906

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to Sept 19 1906

that I last saw her alive on Sept 19 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of Stomach

(DURATION) Three DAYS

Contributory (Primary.) Anthemia

(DURATION) 10 DAYS

(Signed) Henry E. Ahee M.D.

Address 1203 W. Fayette St

Date Sept 20 - 1906

Place of Burial Loudan Park

Date Sept 21st 1906

Undertaker E M Mitchell

Address 201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93750

City of Baltimore, (No. 625 Cumberland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Otto Wittkopf.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) (Day) 1862 (Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER: August Wittkopf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Siebig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Wittkopf

(Address) 625 Cumberland

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1906 to Sep 18 1906 that I last saw h[illegible] alive on Sep 18 1906, and that death occurred, on the date stated above, at 7 [illegible] M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

Emaciation (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) J. R. Mueller M.D.

190 (Address) 824 Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: 9-21 1906

UNDERTAKER: Wm. M. Gaither

ADDRESS: 901 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 93751

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Station, Balto. Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hickson

{Residence, if in Baltimore, Give Street and Number.} Warwick,

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Hickson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mollie Tonzel

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant B Davis

(Address) Va

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 19 1906

that I last saw him alive on Sept 19 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 days

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Chas. J. Harman M.D.

Address 1116 N. Carrollton Ave Cor Mayer

Date Sept. 20 1906

Place of Burial King & Queen Co Va Fobbers Wharf

Date Sept 20th 1906

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93702 — Registered No. 2 — 95 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Beaufort St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Blanfuss

{Residence, if in Baltimore, Give Street and Number.} 222 Beaufort st.

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	November 19th 1823
AGE	82 years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chr. Stucke

(Address) 222 Beaufort st.

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1906 to Sept 19th 1906

that I last saw h[illegible] alive on Sept 19th 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Singewald M.D.

Address 5 N. Washington pl.

Date Sept 20th 1906

Place of Burial Loudon Park

Date Sept. 21st 1906

Undertaker Philip Secrwald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93753

Registered No. B

City of Baltimore, (No. 2, Brady (Waverly) Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Pfaff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 18th (Month) (Day) 1906 (Year)

AGE: 74 years, months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Underead Pfaff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Pfaff

(Address) #2 Brady Ave

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1906 to Sept. 18th 1906

that I last saw him alive on Sept. 15th 1906,

and that death occurred, on the date stated above, at 12.20 A. M. The CAUSE OF DEATH was as follows:

Exhaustion ? Exanition

(DURATION) DAYS

Contributory Paresis — General

(DURATION) 3 yr. ~~DAYS~~

(Signed) William F. Tillsbury M.D.

Sept. 18th 1906 (Address) 280 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 20th 1906

UNDERTAKER: Philip Steuwald Son

ADDRESS: 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 Registered No. B 19286/01

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 Pratt Mon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Cortini

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Oct 1st 1879

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Anna Arundel Co

FULL NAME OF FATHER Willis Cortini

BIRTHPLACE OF FATHER (State or country) Do

MAIDEN NAME OF MOTHER Elizabeth Brooks

BIRTHPLACE OF MOTHER (State or country) Anna Arundel Co

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Minnie Cortini

(Address) 1626 Pratt St

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 19 1906 that I last saw h[er] alive on Sept 19 1906, and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate) Shock following Operation for fibroid tumor of ovary

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Nelson M.D.

Address 1350 N. Strickers

Date Sept. 20 1906

Place of Burial Mt Olivet

Date Sept 22 1906

Undertaker Thomas Brough

Address 1364 Mt Hope St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 Registered No. B 93755

CERTIFICATE OF DEATH. 93755

(Place of Death.) No. 614 Patterson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles S Howard. 27

{ Residence, if in Baltimore, Give Street and Number. } 614 Pattersonave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR col

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Charles Howard

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Matilda Preece

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Adams

(Address) 614 Patterson Ave

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 19 1906

that I last saw him alive on Sept 12 1906

and that death occurred, on the date stated above, at 3.30 A M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 2 yrs DAYS

(Signed) Irvin Edwards M.D.

Address 1727 Eutaw

Date Sept 19 1906

Place of Burial Holy Cross Cemetery

Date Sept 21 06 190

Undertaker Clarence Cowgill

Address 1364 Monroe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93756 — Registered No. B 93756

CERTIFICATE OF DEATH.

39

(Place of Death.) No. 1310- Argyle St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward H. Leavelle

{Residence, if in Baltimore, Give Street and Number.} 1310- Argyle St.

Duration of Residence in Baltimore. [redacted] 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH April 16th 1838

AGE 68 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Thomas Leavelle

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen Burke.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry H Leavelle

(Address) 1627 W Mulberry St

Filed 9/20 1906 — HARRY O'ANDRIOS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19th 1906

I HEREBY CERTIFY, That I attended deceased from March 15th 1906 to Sept. 19th 1906 that I last saw him alive on Sept. 17th 1906, and that death occurred, on the date stated above, at 8-45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of tongue. Exhaustion — 1 one year

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Nicholas M.D.

Address 30-71 Hamilton Ave

Date Sept 19th 1906

Place of Burial Cathedral Cemetery

Date Sept 22 1906

Undertaker Edward A Byrne

Address 302 S Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B 93757

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 N. Durham St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Adolph White

{Residence, if in Baltimore, Give Street and Number.} 7 N. Durham St

Duration of Residence in Baltimore. Life B93757

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 4 1906
AGE	6 months 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Thos. J. White
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Cockaun Eder
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. White

(Address) 7 N. Durham St

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19th 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to Sept 19th 1906 that I last saw h. im alive on Sept 5th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition (DURATION) DAYS

Contributory (Primary.) Internal hydrocephalus (DURATION) DAYS

(Signed) Henry M. Lythgo M.D.

Address 211 W. Madison St

Date Sept 19th 1906

Place of Burial Baltimore Cem.

Date September 20 1906

Undertaker HENRY SANDER & SONS.

Address

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 93758 — Registered No. B 93758

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Doherty

{Residence, if in Baltimore, Give Street and Number.} 640 Haw 2/

Duration of Residence in Baltimore. 10 7

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH Feb. 11th 1897

AGE 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Nicholas Doherty

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Kathrine Dorn

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Doherty

(Address) 640 Haw St.

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 18 1906

that I last saw him alive on Sept 18 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 2 DAYS

Contributory (Primary.) Infected foot

(DURATION) 10 DAYS

(Signed) Roff C Bay M.D.

Address University Hospital

Date Sept 18 1906

Place of Burial Most Holy Redeemer

Date Sept. 20th 1906

Undertaker John A Inman

Address Baltimore & Arch Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93759 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 McElderry St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry A. Ayers.

{Residence, if in Baltimore, Give Street and Number.} 1122 McElderry St

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR cd

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ayers Jr

(Address) 228 Richmond St

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Sept 18 1906 that I last saw him alive on Sept 18 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Larynx

(DURATION) 48 DAYS

Contributory (Primary) Heart

(DURATION) 48 DAYS

(Signed) Dr G W Bemmard M.D.

Address 708 Ensor St

Date Sept 18 1906

Place of Burial Asbury Cemy

Date Sept 20th 1906

Undertaker Alex Hemsley

Address 578 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 93760 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 337 Rose St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alice A. Smith.

{ Residence, if in Baltimore, Give Street and Number. } 337 Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH 1892 1

AGE 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Stanley Smith.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Frazier

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Drawn Smith

(Address) 337 Rose St.

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept. 18 1906 that I last saw h.. alive on Sept 18 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis 3 months (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) A. Lee Ellis M.D.

Address 722 Mad. Ave.

Date Sept. 19. 1906.

Place of Burial Laurel Cemetery

Date Sept 21 1906

Undertaker Alex. H. Emmalery

Address 578 N. Middle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93761

City of Baltimore, (No. 3030 O'Donnell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Ann Ross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 15 (Day) 1830 (Year)

AGE: 76 years, 6 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel R. Biddle

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebekah Hackett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: H. W. [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Wanda Elliott

(Address) 3030 O'Donnell St

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1906 to Sept 18th 1906 that I last saw her alive on Sept 18th 1906, and that death occurred, on the date stated above, at 7.30 a. m. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 5 DAYS

Contributory Cancer of Stomach about one year (DURATION) ~~DAYS~~

(Signed) W. W. Jones M. D.

Sept 19th 1906 (Address) 3116 O'Donnell St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Sept 21 1906

UNDERTAKER: H. H. Ackers Inc | ADDRESS: Eastern Ave & Patterson Park

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 93762 — Registered No. B 93762

CERTIFICATE OF DEATH.

(Place of Death.) No. 1291 N Fulton Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Weems Jr

{Residence, if in Baltimore, Give Street and Number.} 1291 N Fulton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov 30th 1904

AGE: 1 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): 1291 N Fulton Ave

FULL NAME OF FATHER: Geo Weems Sr.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Weems Sr

(Address) 1291 N Fulton Ave

Filed 9/20 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1906 to Sept 18th 1906 that I last saw him alive on Sept 18th 1906, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 15 DAYS

(Signed) Edwin L. Mortimer M.D.

Address 125 N Fulton Ave

Date Sept 18th 1906

Place of Burial St Peters ✓

Date Sept 20 1906

Undertaker Wm J Tuckerman

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 W 93763 Registered No. B 27

CERTIFICATE OF DEATH.

Place of Death.) No. 414 Wayne St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Stiles

{ Residence, if in Baltimore, Give Street and Number. } 414 Wayne St.

Duration of Residence in Baltimore. 37 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER Edward Micklas

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Julia Wing

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Stiles

(Address) 414 Wayne St

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1906 to Sept 18 1906, that I last saw h[illegible] alive on Sept 18 1906, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 49 DAYS

Contributory (Primary) Bad surroundings &

(DURATION) Dont Know

(Signed) A. J. Chambers, M.D.

Address 614 S. Paca St

Date September 19, 1906

Place of Burial Laurel Cemetery

Date Sept. 21 1906

Undertaker G. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93764

Registered No. B.....

City of Baltimore, (No. 204 N. Cross St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Ellen James

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Kent. Co, Md

FULL NAME OF FATHER: Dont. Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John James

(Address) 204 Cross st

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) — 20 (Day) — 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8-25- 1906 to 9-19- 1906 that I last saw h[illegible] alive on 9-19- 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Chronic Diabetes

one Year or 2 (DURATION) ..... DAYS

Contributory Atrophy of Liver & Intestines

2. Ingestion (DURATION) ..... DAYS

(Signed) L. D. Dyer M. D.

9-20 1906 (Address) 224 N. Hill St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Chester town rd — DATE OF BURIAL: Sept 21 1906

UNDERTAKER: P. L. Broadbent Kent Co — ADDRESS: 10 N Monroe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93765 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 333. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy McDonald

{Residence, if in Baltimore, Give Street and Number.} 333 S. Calhoun St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Aug 25-th 1906	
AGE: — years, — months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or couutry): Balto city	
FULL NAME OF FATHER: Rivas L. McDonald	
BIRTHPLACE OF FATHER (State or country): Virginia	
MAIDEN NAME OF MOTHER: Mary E. Kolb	
BIRTHPLACE OF MOTHER (State or country): Balto city	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar a Kolb

(Address) 333. Calhoun St.

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19" 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12" 1906 to Sept 19" 1906 that I last saw h— alive on Sept 19 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Jaundice

(DURATION) 6 DAYS

(Signed) J W Blaney M.D.

Address 1108 S. Gilmor

Date Sept 20" 1906

Place of Burial Western cemetary

Date Sept 20th 1906

Undertaker Geo J Smith Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93766 Registered No. B 93766

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 2822 Benard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry L. Rose

{Residence, if in Baltimore, Give Street and Number.} 2822 Benard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18 1906

AGE ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Harry L Rose

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Lena P Huber

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. L. Rose

(Address) 2822 Benard St

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 19 1906 that I last saw h[illegible] alive on Sept 17 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

+ Intussusception Bowel

(DURATION) 8 DAYS

Contributory (Primary) Collapse

(DURATION) 2 DAYS

(Signed) W. H. Fowler M.D.

Address 808 1st Ave

Date Sept 19th 1906

Place of Burial Western Cemetery

Date Sept 20 1906

Undertaker H. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93767 Registered No. B 93767

171

CERTIFICATE OF DEATH.

(Place of Death.) No. 3376 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David A. Hopkins

{ Residence, if in Baltimore, Give Street and Number. } 3376 Chestnut Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21 1905

AGE ..... years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm H. Hopkins

BIRTHPLACE OF FATHER (State or country) Norway Co Unk

MAIDEN NAME OF MOTHER Susan E. Allen

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED In Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Hopkins

(Address) 3376 Chestnut Ave

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Sept 19 1906

that I last saw h~~is~~ alive on Sept 19 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasamus

(DURATION) 2 DAYS

Contributory (Primary) ?

(DURATION) ? DAYS

(Signed) Henry Reyer M.D.

Address 340 Roland Ave.

Date Sept 20 1906

Place of Burial Mt Olivet

Date Sept. 21 1906

Undertaker H S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 93768 Registered No. B 38108

CERTIFICATE OF DEATH.

(Place of Death.) No. 2960 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha A. Mitzel

{Residence, if in Baltimore, Give Street and Number.} 2960 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 17 1893

AGE 12 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER E Curtis Mitzel

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mamie Little

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Mitzel

(Address) 2960 Cedar Ave

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 20 1906 that I last saw her alive on Sept 20 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

(DURATION) 17 DAYS

Con'tributory (Primary.) Intestinal hemorrhage + Collapse (DURATION) 4 DAYS

(Signed) Wm H F Freeman M.D.

Address 800 1st Ave

Date Sept 20th 1906

Place of Burial Loudan Park

Date Sept 22 1906

Undertaker H S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93769 — Registered No. B 93769 / 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 S. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin S. Mills

{ Residence, if in Baltimore, Give Street and Number. } 329 S. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 16th 1906
AGE	— years, 1 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Samuel S. Mills
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Annie Steward
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Mills

(Address) 329 S. Castle St.

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 19 1906

that I last saw him alive on Sept 19 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion (DURATION) 4 DAYS

(Signed) Geo. Hellen M.D.

Address 1937 Gough St

Date Sept 19, 06 1906

Place of Burial Mount Carmel Cemetery

Date Sept. 20th 1906

Undertaker Germanus Grace

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 93770 Registered No. B 93770

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wm. Schmuck Hugel

{Residence, if in Baltimore, Give Street and Number.} 1700 Montford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 22nd 1877

AGE: 29 years, 7 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Hugel

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Barbara Schmuck

BIRTHPLACE OF MOTHER (State or country): Bald Pennsylvania

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Schmuck

(Address) 1700 Montford ave

Filed 9/20 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 190 6

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo H Carnes M.D.

Address Coroner

Date Sept 20-06 190

Place of Burial London Park Cemetery

Date September 22nd 190 6

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 — 93771 — Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 N Durham St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William T. Coleman

{Residence, if in Baltimore, Give Street and Number.} 204 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: ... 1 ...

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Geo. E. Cameron M.D.

Address Coroners Office

Date Sept 20 — 06 1906

Place of Burial Woodberry Cemetery

Date Sept 20 1906

Undertaker E. Bryan

Address 2146 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 93772 Registered No. B 93772

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 N. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alfred. Buck

{Residence, if in Baltimore, Give Street and Number.} 631 N. Fremont ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: March 31st 1821

AGE: 81 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Benj. Buck.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine Rose

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Buck

(Address) 631 N. Fremont ave

Filed 9/20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19 1906

I HEREBY CERTIFY, That I attended deceased from Sep 6 1906 to Sep 19 1906 that I last saw him alive on Sep 19 1906, and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis,

Abt one year (DURATION) DAYS

Contributory (Primary.) Dont Know,

(DURATION) DAYS

(Signed) Robert K. Krear M.D.

Address 1001 W Lanvale St

Date Sep 19 1906

Place of Burial London Park

Date Sept. 21st 1906

Undertaker G. J. Walker

Address 723 W. Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93773

City of Baltimore, (No. 22 N. Vincent St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Godwin.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Colored.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Anne Arundel Co. Md.

FULL NAME OF FATHER: John H. Godwin.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rodie Jolly.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elena Winnan.

(Address) 22 N. Vincent St.

Filed 9/20 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to Sept. 19 1906

that I last saw her alive on Sept 19 1906,

and that death occurred, on the date stated above, at 11.55 P. M. The CAUSE OF DEATH was as follows:

Acute Pericarditis.

four weeks (DURATION) 4 DAYS

Contributory Emphysema and Asthma. (DURATION) ..... DAYS

(Signed) A. T. Vonkluck M. D.

Sept 20 1906 (Address) 1635 W. Fayette.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Sept 21st 1906

UNDERTAKER: Felix B Pye. — ADDRESS: 162 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 Registered No. B 93773

93773

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Worick

{Residence, if in Baltimore, Give Street and Number.} 1622 Clarkson St.

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 29th 1849

AGE 57 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Christian Casparie

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Kleineberg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Seiler

(Address) 1622 Clarkson Ste

Filed 9/20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19th 1906

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to Sept 19th 1906

that I last saw h-er alive on Sept 17th 1906,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary.) Cancer of Uterus

(DURATION) 180 DAYS

(Signed) N. G. Jones M.D.

Address 1235 N. Lafayette Ave

Date Sept 19th 1906

Place of Burial Leader Hill

Date Sept 21 1906

Undertaker John E. Evans

Address 1428 N. Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 225 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael John Griffin

{Residence, if in Baltimore, Give Street and Number.} 225 N Luzerne St

Duration of Residence in Baltimore. all life B93775

PERSONAL AND STATISTICAL PARTICULARS

SEX male	COLOR White
DATE OF BIRTH July 12 1906	
AGE ..... years, 2 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER John T Griffin	
BIRTHPLACE OF FATHER (State or country) Md	
MAIDEN NAME OF MOTHER Sarah Cawley	
BIRTHPLACE OF MOTHER (State or country) Ireland	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Griffin

Address 225 Luzerne St

Filed Sept 21st 1906

HARRY J. ANDERSON PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2 1906 to Sept 19 1906

that I last saw him alive on 11 11 1906,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Millan Ave

Date Sept 20 1906

Place of Burial Bonnie Brae Cem

Date Sept 21st 1906

Undertaker Geo M. Funk

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 93776 Registered No. B 93776

CERTIFICATE OF DEATH.

(Place of Death.) No. 1542 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Mannes

{Residence, if in Baltimore, Give Street and Number.} 1542 Bruce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: March 1882	
AGE: 24 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Louis Mannes	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Annie Johnson	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Mannes

(Address) 1542 N. Bruce St.

Filed 9/21 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 19 1906 that I last saw h... alive on Sept 19 1906. and that death occurred, on the date stated above, at 6 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Pleuro Pneumonia

(DURATION) 19 DAYS

Con'ributory (Primary.) Asphyxia (DURATION) 1 DAY.

(Signed) T. E. Dougherty M.D.

Address 2506 Pennsylvania Ave

Date Balto Sept 20 1906

Place of Burial Laurel Cem

Date Sept 22/06 190...

Undertaker Abel Hemsley

Address 57 Mr. Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93773 Registered No. B 93773

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Willand

{ Residence, if in Baltimore, Give Street and Number. } —— Loraine Harpe

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1906 to Sept 20 1906 that I last saw h.. alive on Sept 20 1906, and that death occurred, on the date stated above, at 8-50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D Steele M.D.

Address Bay View Hospital

Date Sept 20 1906

✓

Place of Burial Sacred Heart.

Date Sept. 21 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 93778 Registered No. B 93778

CERTIFICATE OF DEATH.

(Place of Death.) No. Pimlico Road South of Kato ave St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas H Severson

{Residence, if in Baltimore, Give Street and Number.} Pimlico Road South of Kato ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH April 25th 1832

AGE 74 years, 4 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Steven Severson

BIRTHPLACE OF FATHER (State or country) Cecil Co Md

MAIDEN NAME OF MOTHER Sarah Joyce

BIRTHPLACE OF MOTHER (State or country) Cecil Co Md

OCCUPATION OF DECEASED Mathematical Instrument maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Severson

(Address) Pimlico Road

Filed 9/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20th 1906

I HEREBY CERTIFY, That I attended deceased from ~~December 20th 1906~~ at intervals for Chronic Nephritis to Sep 20 1906 that I last saw h im alive on Sep 19 1906, and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) Walter W White M.D.

Address 1101 N. Broadway

Date Sep 20th 1906

Place of Burial Baltimore Cemetary

Date September 23rd 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93779 Registered No. B ..... 93779 .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John O'Neal

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/21 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 20 1906 that I last saw him alive on Sept 20 1906, and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Neal M.D.

Address Bay View Hospital

Date Sept. 20 1906

Place of Burial Sacred Heart.

Date Sept. 21" 1906

Undertaker Evans & Spence

Address 118 & 120 N. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 93780 Registered No. B 93780

92

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Berkoff

{Residence, if in Baltimore, Give Street and Number.} 2021 Christian St-

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Nov 23d 190X

AGE 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaak Berkoff

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Lechowitzki

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaak Berkoff

(Address) 2021 Christian st

Filed 9/21 190 6 HARRY C. ANDREWS, CHIEF CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept: 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept: 17 1906 to Sept 20 1906 that I last saw h[er] alive on Sept 19 1906, and that death occurred, on the date stated above, at 5-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Secondary - Chronic bronchitis

(DURATION) 6 DAYS

Contributory (Primary.) Broncho-pneumonia

(DURATION) 5 hrs. DAYS

(Signed) G. N. Billups M.D.

Address University Hospital

Date Sept 20 1906

Place of Burial Hebrew Cem Washington Blvd

Date Sept 21, 1906

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 93781

City of Baltimore, (No. 912 E Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Kadish

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Feb. 10 1905
(Month) (Day) (Year)

AGE ..... years, 19 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Kadish

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lina Sabasewitz

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Kadish

(Address) 912 E. Pratt st

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11th 1906 to Sept 20th 1906 that I last saw h in alive on Sept 20th 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 11 DAYS

Contributory Meningitis

(DURATION) 1 DAYS

(Signed) P. F. Rice M. D.

Sept 20th 1906 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philip Rd Rossdale | DATE OF BURIAL Sept 21 1906

UNDERTAKER Max Levinson | ADDRESS 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 — 9:3782 — Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 144 Kenwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archatius Schmidt.

{Residence, if in Baltimore, Give Street and Number.} No. 144 Kenwood Ave.

Duration of Residence in Baltimore. 57 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 2nd 1827
AGE	79 years, 2 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Schmidt

(Address) 174 Kenwood Ave

Filed 9/21 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 23rd 1906 to Sept 19th 1906 that I last saw h[im] alive on Sept 5th 1906, and that death occurred, on the date stated above, at 7 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about four days (DURATION) DAYS

Contributory (Primary.) Senility

about seven months (DURATION) DAYS

(Signed) Fredk A. Conradi, M.D.

Address 2224 E. Balt. St.

Date September 20th 1906

Place of Burial Western Cemetery

Date Sept 21 1906

Undertaker Hanson & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 — Registered No. B 93783

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 Dorr St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1803 Dorr

Duration of Residence in Baltimore. 26

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 15 Aug 1834

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Hoffman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Life

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Hoffman

(Address) 1803 Dorr St

Filed 9/21 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 19 1906

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) DAYS

Contributory (Primary)

(DURATION) Years

(Signed) Bright Disease M.D.

Address 1803 Dorr St

Date Sept 20 1906

Place of Burial Laudon Park

Date Sept 21 " 1906

Undertaker H S Zink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93784

City of Baltimore, (No. 204 Marion St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chong Jue Yeigh

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Yellow.

DATE OF BIRTH: Aug (Month) 21 (Day) 1846 (Year)

AGE: 60 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Chinese

FULL NAME OF FATHER: Wong Chin Goon

BIRTHPLACE OF FATHER (State or country): China.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): China.

OCCUPATION OF DECEASED: Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wong Lee

(Address) 204 Marion

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to Sept 21 1906 that I last saw h[illegible] alive on Aug 30th 1906, and that death occurred, on the date stated above, at 9:30 A. M. The CAUSE OF DEATH was as follows:

Carcinoma Stomach

6 mos. (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thos. Steele. M. D.

Sept 21 1906 (Address) 716 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetary | DATE OF BURIAL: Sept 24 1906

UNDERTAKER: E M Mitchell | ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Ward V

Registered No. B 93785

31

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Durkin

93785

{Residence, if in Baltimore, Give Street and Number.} 113 S. Eastte St.

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 15 1842

AGE: 63 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Durkin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Durkin

(Address) 1009 Chesapeake St.

Filed Sept. 21 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 21 1906 that I last saw him alive on Sept 21 1906, and that death occurred, on the date stated above, at 7-00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Inf. maxilla.

4 months (DURATION) — DAYS

Contributory (Primary.) Cyanosis.

(DURATION) 1 DAYS

(Signed) C. E. Langley M.D.

Address Md. Gen. Hospital

Date Sept 21, 1906

Place of Burial New Cathedral Cemetery

Date Sept 24 1906

Undertaker Germanus Thaner

Address 1804 E Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93786 Registered No. B 93780

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno G. Koch

{Residence, if in Baltimore, Give Street and Number.} 523 W. Fayette St

Duration of Residence in Baltimore. 53 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: Apr. 26 1831

AGE: 75 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John. Koch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretha. Koch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Koch.

(Address) 523 W. Franklin St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 19 - 1906

I HEREBY CERTIFY, That I attended deceased from August - 16 1906 to Sept 19 1906 - that I last saw h— alive on Sept 19 1906, and that death occurred, on the date stated above, at 11 p. M. CAUSE OF DEATH (Secondary or Immediate)

Int Acute Nephritis —

Cardiac Hypertrophy —

6 mos — (DURATION) DAYS

Contributory (Primary.) Coma —

2 Dys — (DURATION) DAYS

(Signed) Jno R. O'Donovan M.D.

Address 713 Park Ave

Date Sept - 20 1906

Place of Burial Baltimore County

Date Sept 22 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93787 — Registered No. B 136

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 N. Bruce St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel C Stanford

{ Residence, if in Baltimore, Give Street and Number. } 503 Bruce St

Duration of Residence in Baltimore. ~~Life~~ one year & eight mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem.
COLOR	Colored
DATE OF BIRTH	1
AGE	2 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Lewis Sanford
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Cooper
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sanford

(Address) 503 N. Bruce St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Four months (DURATION) DAYS

Contributory (Primary.) Gastro-Enteritis (DURATION) DAYS

(Signed) Silas Bacon M.D.

Address 700 Lafayette Ave. Corner

Date August 20th 1906

Place of Burial Mt Auburn Cem

Date Sept. 22 1906

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 93788 Registered No. B 93788

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Burrough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. Hoffman.

{Residence, if in Baltimore, Give Street and Number.} 1532 Burrough St.

Duration of Residence in Baltimore. 2 mos - 14 da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White.
DATE OF BIRTH	July 6 1906
AGE	— years, 2 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Wm Hoffman
BIRTHPLACE OF FATHER (State or country)	Balt. Md.
MAIDEN NAME OF MOTHER	Teresa Anderson
BIRTHPLACE OF MOTHER (State or country)	Balt Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Hoffman

(Address) 1532 Burrough St.

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 20 1906 that I last saw h— alive on Sept 20 1906, and that death occurred, on the date stated above, at 12 M. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 16 DAYS

Contributory (Primary.) Change to cow milk.

(DURATION) 30 DAYS

(Signed) H. A. Delafield M.D.

Address 435 E. 1st Ave.

Date Sept 20 1906

Place of Burial Cedar Hill

Date Sept 21 1906

Undertaker Jos. Stumbaugh

Address 813 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93789 Registered No. B 93789

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Corbin Benton

{Residence, if in Baltimore, Give Street and Number.} St Vincl. Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	June 23, 1906
AGE	..... years, 8 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20, 1906

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to Sept 20 1906 that I last saw h[illegible] alive on Sept 19 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ileo-colitis

(DURATION) 4 DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Eutaw

Date Sept 20, 1906

Place of Burial New Cathedral

Date Sept. 21st 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 93790 Registered No. B 93790

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Fallon,

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Aug 2, 1906

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Sept 20 1906

that I last saw him alive on Sept 19 1906,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) C. H. Hayward, M.D.

Address 1730 N Eutaw

Date 9/20 1906

Place of Burial New Cathedral

Date Sept. 21 St. 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W/

Registered No. B 9870 45

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Horsey

{Residence, if in Baltimore, Give Street and Number.} 115 Eden St

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19. 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 25th 1903 to Sept. 19th 1906 that I last saw her alive on Sept. 18th 1906 and that death occurred, on the date stated above, at 8.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion of Senility, Lumpy Jaw & Edema of feet.

(DURATION) 1 Yrs DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) J. McOwens Jr M.D.

Address Bay View Asylum

Date September 19. 1906

Place of Burial Mt Auburn

Date Sept 21 1906

Undertaker John H. Bradley

Address 506 Myrtle

JOHN G. ARGUSES, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93792

City of Baltimore, (No. 445, N 26th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella N. Arnold

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 27th 1900 (Month) (Day) (Year)

AGE 6 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John T. Arnold

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie L Diver

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie L Arnold

(Address) 445 N 26th St

Filed 9/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 21st 1906 that I last saw her alive on Sept 21st 1906, and that death occurred, on the date stated above, at 1-40 A. M. The CAUSE OF DEATH was as follows:

Diphtheria (DURATION) 3 DAYS

Contributory Diphtheria (DURATION) 1 DAYS

(Signed) W. A. Fenn, M. D.

Sept 21 1906 (Address) 17 E 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Hamp Hampden | DATE OF BURIAL Sept 22nd 1906

UNDERTAKER H. Thanhouser & Son | ADDRESS 919 Third Ave

✓ S. & C. 5 P.M.

Ward 21 93793 Registered No. B [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1730 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Joseph Zeller

{Residence, if in Baltimore, Give Street and Number.} 1730 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Zeller

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Minie Campbell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Joseph Zeller

(Address) 1730 Gough St

Filed 9/21 1906 HARRY O. ANDREST PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to Sept. 21 1906 that I last saw him alive on Sept 19 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 20 DAYS

Contributory (Primary.)

Central Congestion (DURATION) 3 DAYS

(Signed) Geo. Stellar M.D.

Address 1937 Gough St

Date Sept. 20, 1906

Place of Burial Bonie Brae

Date Sept 22 1906

Undertaker Wendel Wickedson

Address 330 No Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 93794 Registered No. 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Johnson.

{Residence, if in Baltimore, Give Street and Number.} 1103 Whatcoat St

Duration of Residence in Baltimore. Fifteen Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1887	
AGE: 19 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Co. Md
FULL NAME OF FATHER	Louis Johnson
BIRTHPLACE OF FATHER (State or country)	Howard Co. Md
MAIDEN NAME OF MOTHER	Rachel Bell
BIRTHPLACE OF MOTHER (State or country)	Howard Co. Md
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Johnson (Sister)

(Address) 1103 Whatcoat St

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 19 1906

that I last saw h[illegible] alive on Sept 19 1906

and that death occurred, on the date stated above, at 3-15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

45- (DURATION) DAYS

Con'ributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) T. E. Daughaday M.D.

Address 2506 Pennsylvania Ave

Date Balto Sept 20 1906

Place of Burial Holy Cross Cem

Date September 22 1906

Undertaker Sam'l W. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward K

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mr. John Parker.

{Residence, if in Baltimore, Give Street and Number.} 13 E. Franklin St.

Duration of Residence in Baltimore. 5 Years B93795

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 9th 1863

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Penbrok S. H.

FULL NAME OF FATHER Bailey Parker

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mercy Frost.

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia V. Parker

(Address) 13 E Franklin St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1906 to Sept 19, 1906 that I last saw him alive on Sept 19, 1906, and that death occurred, on the date stated above, at 6.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tabes dorsalis

2 yrs. (DURATION) — DAYS

Contributory (Primary.) Asthenia

? (DURATION) ..... DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hospital.

Date Sept 19, 1906

Place of Burial St Marys Hampden Md

Date Sept 22 1906

Undertaker C. G. Weidefeld Jr

Address 211 E Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 to 23 — 93796 — Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Harris

{Residence, if in Baltimore, Give Street and Number.} 239 S Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Powtan Harris

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER ~~Francis~~ Mary Harris

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED ~~Labor~~ Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Vandridge

(Address) 239 S Dallas St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from ...1906... to ...1906...

that I last saw h... alive on ...1906...,

and that death occurred, on the date stated above, at 3/5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Internal hemorrhage due to a gunshot wounds inflicted by off. James Hamilton in the discharge (DURATION) DAYS

Contributory (Primary.) of his duty (DURATION) DAYS

(Signed) Ralph Camalier M.D.

Address Coroner

Date Sept 20—06 1906

Place of Burial Asbury Cemetary

Date September 24 1906.

Undertaker John W Henderson

Address 31 N Gaurdiner st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93797

City of Baltimore, (No. 15 N Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Keys.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Dont Know (Month) I (Day) — (Year)

AGE: About 36 yrs years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Procter.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Collins

(Address) 15 N Spring St.

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 20 (Day) Oct 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Sept 20 1906 that I last saw h[illegible] alive on Aug 27 1906, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) DAYS

Contributory

Cardiac Failure (DURATION) DAYS

(Signed) R. S. Kirk M. D.

Sept 21 1906 (Address) 1610 E Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetary — DATE OF BURIAL: 22 Sept 1906

UNDERTAKER: John W Henderson — ADDRESS: 317 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 93708 Registered No. B 93708

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1942 Druid Hill Ave. X. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Sedonia Webb

{Residence, if in Baltimore, Give Street and Number.} 1942 Druid Hill Ave.

Duration of Residence in Baltimore. 28 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colored

DATE OF BIRTH: April 28th 1878

AGE: 28 years, 4 months, 23 days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isiadh Webb

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Lucy Ann Gray

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy I. Webb

(Address) 1942 Druid Hill Ave

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20th 1906

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Aug 9 1906 that I last saw her alive on Aug 9 1906, and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St.

Date Sept 20th 1906

Place of Burial Laurel

Date Sept. 22 — 1906

Undertaker Robert A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 93799 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Church & Cathedral St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert E. Chinn

{Residence, if in Baltimore, Give Street and Number.} 713 Church Cathedral

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col -

DATE OF BIRTH: April 9 1903

AGE: 3 years, 5 months, — days

SINGLE, ~~MARRIED,~~ WI~~DOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Robert E. Chinn

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Maggie Thomas

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. E. Chinn

(Address) 713 Church St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1906 to Sept. 21 1906 that I last saw h~~im~~ alive on Sept 10 1906, and that death occurred, on the date stated above, at 7.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary.) Convulsions

(DURATION) 14 DAYS

(Signed) W. Force M.D.

Address 713 S. Ramp St

Date Sept 21 1906

Place of Burial Mt. Calvary Cem. Balto Co Md

Date Sept. 22 1906

Undertaker Harry W. Ehlen

Address 1944 Ler. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

93800
112

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93800

City of Baltimore, (No. 91 E Bond St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret L. Rohleder

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: — (Month) — (Day) 1— Year)
AGE: 56 years, — months, — days
~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~: Married
BIRTHPLACE (State or country): Baltimore Md
FULL NAME OF FATHER: Herman W Charge
BIRTHPLACE OF FATHER (State or country): Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (State or country): Unknown
OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw F Rohleder
(Address) 213 E Bond St

Filed 9/21 1906 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 19" (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8" 1906 to Sept 19" 1906 that I last saw h[illegible] alive on Sept 19" 1906, and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Sclerosis of Liver

(DURATION) — DAYS

Contributory Sclerosis of Liver

(DURATION) — DAYS

(Signed) [illegible] M. D.
Sept 21" 1906 (Address) 2007 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Holy Redeemer — DATE OF BURIAL: Sept 23 1906
UNDERTAKER: Wm Cook — ADDRESS: 507 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 93801

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 105. E, Lafayette Ave St. (If Death occurr Hospital or Institu give its Name in of Street and Num

Full Name Elvira Welsh

{Residence, if in Baltimore, Give Street and Number.} 105 E. Lafayette Ave

Duration of Residence in Baltimore. about fifty years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH April 8th 1824

AGE 82 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Robert Welsh

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Henrietta Cromwell

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Shaw

(Address) 105 E Lafayette Ave

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to Sept. 1906

that I last saw her alive on Sept. 19th 1906

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Age uncertain.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 1001 N. Calvert St.

Date Sept. 21st 1906

Place of Burial London Park

Date September 22nd 1906

Undertaker H. W. Jenkins Sons Co.

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 9502 Registered No. B 93802

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 E Baltimore St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kalma Meyer

{ Residence, if in Baltimore, Give Street and Number. } 920 E Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH Dec 15 1848

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 920 E Baltimore St

Filed 9/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1905 to Sept 19 1906

that I last saw h[illegible] alive on Sept 19 1906,

and that death occurred, on the date stated above, at 1230 M.

CAUSE OF DEATH (Secondary or Immediate)

Cr Dilat Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Greg Cornbrooks M.D.

Address 2229 E Baltimore St

Date Sept. 19-06 1906

Place of Burial Loudon Park

Date Sept 21 1906

Undertaker Evans & Spence

Address 1102 Mt Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93803

City of Baltimore, (No. 947 Penn. ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Oberndorfer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 25th 1896 (Month) (Day) (Year)

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Chas Oberndorfer

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Anna Strauss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. Oberndorfer

(Address) 947 Penna Ave

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 20 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1906 to Sept 20 1906

that I last saw him alive on Sept 15th 1906,

and that death occurred, on the date stated above, at 7.40 P. M. The CAUSE OF DEATH was as follows:

Consumption

about 3 years (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) Samuel A. Bain M. D.

Sept 20th 1906 (Address) 619 W. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bolt Comfort	Sept 22nd 1906
UNDERTAKER	**ADDRESS**
Geo Lewin Last Son	647 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 93804 — Registered No. B 93804

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 863 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Butler Jr

{Residence, if in Baltimore, Give Street and Number.} 863 Vine St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Butler

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Laura Louise

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/21 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 18 1906

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

Lobar

(DURATION) Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick H Martin M.D.

Address Coroner

Date Sept 19 1906

Place of Burial COLLEGE OF P. & S.

Date SEP 21 1906 190

Undertaker Commissioner Health

Address

SEP 21 1906

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

93805

HEALTH DEPARTMENT, CITY OF BALTIMORE. 145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93805

City of Baltimore, (No. 817 Ashland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma Maria Rocke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 9th (Day) 1906 (Year)

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Cornelius Rocke

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lucy Mc Custer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 817 Ashland Ave

Filed 9/21 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1906 to Sept. 21st 1906 that I last saw h-er alive on Sept. 21st 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Exfoliative dermatitis

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Wm. Nicholls M. D.

Sept. 21st 1906 (Address) 30 N. Hutton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincents Cemetery

DATE OF BURIAL: Sept. 21 1906

UNDERTAKER: Lowry Howard Co

ADDRESS: 130 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 93806 Registered No. B 93806

74

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Robert Disney

{Residence, if in Baltimore, Give Street and Number.} 20 N Madeira Pl-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 21 1878

AGE: 27 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Disney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary C. Long

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Disney

(Address) 1931 E Fayette St

Filed 9/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 20 1906 that I last saw h[illegible] alive on Sept 20 1906, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate

Brain Tumor

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Shicknell M.D.

Address 14 N Patterson Pk Ave

Date Sept 20 1906

Place of Burial Baltimore Cem.

Date September 21 1906

Undertaker Allen Fuller

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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DATE OF BIR

AGE

SINGLE, MA
WIDOWED, O

BIRTHPLACE
(State or count

FULL NAME
OF FATHER

BIRTHPLACE
OF FATHER
(State or countr

MAIDEN NAME
OF MOTHER

BIRTHPLACE
OF MOTHER
(State or countr

OCCUPATION
OF DECEASED

THE ABOVE ST
BEST OF MY K

(Informant)

(Address)

Filed 9/21 19

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 93807 — Registered No. B 93807

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Varina

{Residence, if in Baltimore, Give Street and Number.} 910 N. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Reed

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Josephine Upton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Armstrong

(Address) 910 N. Chester St.

Filed 9/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from June 17 1906 to Sept. 20 1906

that I last saw h er alive on " 19 1906

and that death occurred, on the date stated above, at 3:10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

6 months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date September 20 1906

Place of Burial Loudon Park Holy Cross

Date Sept. 24 1906

Undertaker Frank Brach

Address 1904 Eutaw Pl.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 93808 Registered No. B 93808

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 N Mount st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Abbott

{Residence, if in Baltimore, Give Street and Number.} 405 N Mount

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Abbott.

(Address) 405 N. Mount

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 20 1906 that I last saw h[illegible] alive on Sept 20 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Arteria—sclerosis

(DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rush M.D.

Address 700 E Baltimore st

Date Sept 21 1906

Place of Burial Greenmount

Date Sept 22 1906

Undertaker Lounsbrok

Address 60 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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93809

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93809

City of Baltimore, (No. 2551, N. North Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Louisa. Conner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 9 (Month) 20 (Day) 1830 (Year)

AGE: 76 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kepp

(Address) 2351 N Avenue

Filed 9/24 1906 HARRY O'T ANDREWS, PERRY QUERY

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 20th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1905 to Aug 18th 1906 that I last saw her alive on Aug 18th 1906, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 3½ hrs DAYS

Contributory Stomach Cancer

(DURATION) 3 yrs DAYS

(Signed) C. H. Sudler M. D.

Aug 20th 1906 (Address) 28 Patterson Pl E

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lowney Town MD | DATE OF BURIAL: Sept 22 1906

UNDERTAKER: Carroll Co | ADDRESS: John E Hough & 1427 Pa Ave

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 93810 — Registered No. B 93810 18

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Parker

{Residence, if in Baltimore, Give Street and Number.} 941 Harmony Lane

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	May 1883
AGE	23 years, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jams Parker
BIRTHPLACE OF FATHER (State or country)	Dont Know.
MAIDEN NAME OF MOTHER	Rosa —
BIRTHPLACE OF MOTHER (State or country)	Dont Know
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Helen Parker

(Address) 941 Harmony Lane

Filed 9/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 20 1906 that I last saw h-er alive on Sept 19 1906 and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bronchitis (DURATION) 30 DAYS

Contributory (Primary)

Endocarditis (DURATION) 60 DAYS

(Signed) Edward E Mortimer M.D.

Address 1339 W. North Ave

Date Balto Sept 21st 1906.

Place of Burial ~~Dolphin~~ Mt Auburn

Date Sept 22 1906

Undertaker Felix B Pye

Address 102 6 Madison St.

HARRY C. ANDREWS, PERMIT CLERK

ENTERED 263

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or **twenty-four hours after death**, to the Under can be ascertained, the full name, sex, age, c

ge, condition (whether married or single) of the person deceased, and the c

Undertaker, or other person superintending the burial, a certificate setting f

his notice, to furnish within

ing forth, as far as the same

the cause and date of death.

the said city it shall be the duty of

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 93811 — Registered No. B 93811

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Smith

{ Residence, if in Baltimore, Give Street and Number. } 1625 N. Calhoun St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1859

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Calvert Co. Md

FULL NAME OF FATHER Frank Hall

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md.

MAIDEN NAME OF MOTHER Ellen Warren

BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md.

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Dorsey (nephew)

(Address) 1625 N. Calhoun St.

Filed 9/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 20 1906

that I last saw h.. alive on Sept 20 1906

and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 1 DAYS

Con'tributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) T. E. Daugherty M.D.

Address 2506 Pennsylvania Ave

Date Buried 20 Sept 1906

Place of Burial Mt Auburn cemetery

Date Sept 22 1906

Undertaker Geo. H. Hooper

Address 609 Little Pacific St

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 93812 — Registered No. B 93812

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 911 Booth St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Glenn

{Residence, if in Baltimore, Give Street and Number.} 911 Booth St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Blk
DATE OF BIRTH	Unknown
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Glenn

Address 911 Booth St

Filed 9/22 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 20 1906

that I last saw h-- alive on Sept 20 1906

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Chronic Nephritis

(DURATION) 10 DAYS

Contributory (Primary) Asthenia

(DURATION) 10 DAYS

(Signed) L Norwood M.D.

Address 939 W Fayette St

Date Sept 21 1906

Place of Burial Mt Auburn Cemetery

Date Sept 22 1906

Undertaker George H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 93813 — Registered No. B 93813 / 169

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo Wheatley

{ Residence, ~~if in Baltimore,~~ Give ~~Street~~ and Number. } Sharptown Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. H. B. Allen

(Address) Boston Mass

Filed 9/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 21 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) 2 Hrs. ~~DAYS~~

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. D. Hamblen M.D. Coroner

Address 1216 N. Caroline St.

Date SEP 22 1906 190

Place of Burial Mardell Springs Md

Date SEP 22 1906 190

Undertaker H. T. Fry

HARRY G. ANDREWS, PERMIT CLERK. 201 A. BROADWAY

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93814

Ward ..... Registered No. B 93814

39

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma White

{ Residence, if in Baltimore, Give Street and Number. } 1210 St, Paul St City

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Sept 21st 1906.

AGE: 39 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: widow.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jackson

(Address) 1114 St. Paul st.

Filed Sept 22 1906

Registrar

E.C.W.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21 ST 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1906 to Sept 21st 1906 that I last saw h[er] alive on Sept 21 ST 1906, and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Sarcoma of Tonsil (DURATION) 8 years

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Sept 21 ST 1906.

Place of Burial Mount Auburn Cemetery

Date Sept 24 1906

Undertaker Felix B. Pye

Address 103 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 93815

CERTIFICATE OF DEATH.

(Place of Death.) No. 945 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Barbour

{Residence, if in Baltimore, Give Street and Number.} 945 N. Wolfe St.

93815

Duration of Residence in Baltimore. 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 26, 1864

AGE 42 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER James Blaha

BIRTHPLACE OF FATHER (State or country) Austria.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Barbour

(Address) 945 N. Wolfe St.

Filed Sept. 22 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1906 to Sept. 21 1906

that I last saw her alive on Sept. 20 1906,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) 200 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) 730 DAYS

(Signed) Emil Novak M.D.

Address 800 N. Broadway

Date Sept. 21, 1906

Place of Burial Oak Hill Cem.

Date Sept 23 1906

Undertaker Geo. M. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. B 93816 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 S Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Thorpe

{ Residence, if in Baltimore, Give Street and Number. } 605 S Monroe 93816

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 9 1905

AGE 1 years, 2 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER William B Thorpe

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Stevens

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William B Thorpe

(Address) 605 S Monroe St

Filed Sept 22 1906 Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 21 1906 that I last saw h-r alive on Sept 21 1906, and that death occurred, on the date stated above, at 1-2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary) Teething

(DURATION) DAYS

(Signed) Walter A Leyh M.D.

Address 2017 Wilkens

Date Sept 21 1906

Place of Burial Mt Peter

Date Sept 22 1906

Undertaker John J Bowan

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93817

City of Baltimore, (No. 1829 N Duncan St.; 8th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry J. DeLong Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	October 5 1905 (Month) (Day) (Year)
AGE	....years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Harry J. DeLong
BIRTHPLACE OF FATHER (State or country)	Penn.
MAIDEN NAME OF MOTHER	Annie L. Stroud
BIRTHPLACE OF MOTHER (State or country)	Penn.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J. DeLong per

(Address) 1829 N. Duncan St.

Filed 9/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21st 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 19th 1906 to Sept. 21st 1906

that I last saw him alive on Sept. 21st 1906,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) J. Blount M. D.

Sept. 22nd 1906 (Address) 1419 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	Sept. 22 1906
UNDERTAKER	ADDRESS
Wm. E. Chenoweth Son	919. 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 22

93818

Registered No. B 93818

39

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 N. Barr St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry L Diggs Jr

{Residence, if in Baltimore, Give Street and Number.} 625 N Barr St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 27 1841

AGE 64 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry L Diggs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rebecca Evans

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lumberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Diggs

(Address) 625 N Barr St

Filed 9/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21, 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 21 1906 that I last saw him alive on Sept 20 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver and Intestines

(DURATION) DAYS

Contributory (Primary.) Cancer of Liver (DURATION) DAYS

(Signed) J. M Lampesin M.D.

Address 602 S Paca St.

Date Sept 21st 1906

Place of Burial Mt. Olivet Cem.

Date Mon. Sept 24 1906

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 93819 — Registered No. B 93819

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine McDowell

{Residence, if in Baltimore, Give Street and Number.} 314 N. Hoffman St.

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 10 — 28 — 1206

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Newport, R. I.

FULL NAME OF FATHER: Evans McDowell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Tyrrell

BIRTHPLACE OF MOTHER (State or country): Maine

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Zink

(Address) 314 N. Hoffman

Filed 9/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Sept 21 1906

that I last saw her alive on Sept 20 1906,

and that death occurred, on the date stated above, at 2.15 a M. CAUSE OF DEATH (Secondary or Immedi

Uraemia.

(DURATION) 6 wks DAYS

Contributory (Primary.) Nephritis

(DURATION) 6 mos DAYS

(Signed) M. Abramson M.D.

Address 15 Park St.

Date Sept. 21, 1906.

Place of Burial New Cathedral

Date Sept 24 1906

Undertaker John J. Fahey

Address 123 E. William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93820

City of Baltimore, (No. 229, S. Fremont Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Whalen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 6th 1831
(Month) (Day) (Year)

AGE: 71 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Montgomery Co. Md

FULL NAME OF FATHER: James Whalen

BIRTHPLACE OF FATHER (State or country): Md. Co.

MAIDEN NAME OF MOTHER: Sarah Crown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Fitzgerald

(Address) Phila Pa.

Filed Sept 22 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 20th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 20 1906

that I last saw h— alive on Sept 20 1906,

and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis
Oedema

Contributory Cardiac Asthenia (DURATION) 10 DAYS

(Signed) J. Uhlenhuth M. D.

Sept 22 1906 (Address) 1926 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 24 1906

UNDERTAKER: Joseph L. Cook

ADDRESS: 1003 W. Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 93821 — Registered No. B 93821

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeanette Sinclair

{Residence, if in Baltimore, Give Street and Number.} Church Home and Infirmary

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 84 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Scotland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. B. Tiemyer

(Address) 1033 W. Lanvale St.

Filed Sept 22 1906

Rcvd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from Feb 3 1904 to Sept 20 1906 that I last saw h alive on Sept 19 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure due to Senile Arterio Sclerosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address The Female Home Infirmary

Date Sept 21 1906

Place of Burial London Park Cemetery

Date September 22 1906

Undertaker John H. Dauger

Address 1223 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

93822

Ward 21

Registered No. B 93822

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 S. Ann St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elvira Kelley

{Residence, if in Baltimore, Give Street and Number.} 417 S. Ann St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 1st 1890

AGE: 16 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Kelley

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Kelley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Schwingel

(Address) 417 S. Ann St.

Filed Sept 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1906 to Sept. 20th 1906 that I last saw her alive on Sept. 20th 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Acute Pneumonia Phthisis

(DURATION) DAYS

(Signed) Thomas J. Greene M.D.

Address 1937 Eastern Ave

Date Sept. 20th 1906

Place of Burial 1st Evangelical Cem.

Date September 23rd 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93823

Ward 1

Registered No. B 93823

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 2417 Caulton Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Dillfelder

{Residence, if in Baltimore, Give Street and Number.} 2417 Caulton Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 27th 1840

AGE: 66 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Doerr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie M. Klinger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Dillfelder

(Address) 2013 Eastern Ave

Filed Sept 21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1906 to Sept. 19th 1906 that I last saw h[illegible] alive on Sept. 19th 1906, and that death occurred, on the date stated above, at 10 10 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis + Exhaustion

(DURATION) DAYS

Contributory (Primary) Aortic Insufficiency

(DURATION) DAYS

(Signed) Herman J. Koenig M.D.

Address 1937 Caulton Ave.

Date Sept. 20th 1906

Place of Burial St Evangelical Lem.

Date September 22nd 1906

Undertaker HENRY RANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. 1708-1710 Caulton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13 151

038824

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 822 Bluches St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nora L. Cox.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem'l.
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Sept 20 1901
AGE ..... years, ... months, ... days	2 4 Mons
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	H. R. Cox
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Nora Carback
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. R. Cox

(Address) 822 Bluches

Filed 9/22/1906 Registrar

S.R.C.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from September 20 1906 to Sept 21 1906 that I last saw her alive on Sept 21 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Oedema of Lungs.

(DURATION) 5 hours

Contributory Premature Birth, six month Lesion (DURATION) ..... DAYS

(Signed) A. P. Kelly M. D.

1906 (Address) 3532 Chestnut

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ft. Mary's	Sept 22 1906
UNDERTAKER	ADDRESS
A S Marshall	3539 Falls Road

93825

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93825
179

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 410 S Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Saoka

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Saoka.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Mary Chmoiak.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Saoka

(Address) 410 S. Ann St

Filed Sept 22 1906

3x9 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... (Month) Sept 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 21 1906 that I last saw h[illegible] alive on Sept 21 1906, and that death occurred, on the date stated above, at 2.40 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) ..... DAYS

Contributory Marasmus

(DURATION) ..... DAYS

(Signed) John Roche M. D.

Sept 21 1906 (Address) 907 Eastern Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Rosary. | DATE OF BURIAL: Sept 22 1906

UNDERTAKER: M F. Sadowski | ADDRESS: 703 S. Ann

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 93826 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Burgaski

{ Residence, if in Baltimore, Give Street and Number. } 708 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan 2 1900

AGE 6 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Ignace Burgaski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Zdgaski

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cott MD

(Address) Edgewood Md

Filed Sept 22 1906

Registrar

7 x 9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 16 1906 that I last saw her alive on Sept 16 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation 9
Heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Mary Cott M.D.
Edgewood Md

Address

Date Sept 21 1906

Place of Burial St Stanislaus

Date Monday Sept 24 1906

Undertaker W F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93827

Ward 14 — Registered No. B 93827

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 732 E. Fort Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvista V. Cornell

{Residence, if in Baltimore, Give Street and Number.} 732 E. Fort Av.

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: Feb 21 1906	
AGE: ..... years, 6 months, 30 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Albert Phillip Cornell	
BIRTHPLACE OF FATHER (State or country): Baltimore Md.	
MAIDEN NAME OF MOTHER: Sarah Thompson	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md.	
OCCUPATION OF DECEASED: ——	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Phillip Cornell

(Address) 732 E. Fort ave.

Filed Sept 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 20 1906 that I last saw her alive on Sept 20 1906, and that death occurred, on the date stated above, at 9.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Convulsions

(DURATION) 3 hrs ~~DAYS~~

(Signed) Robt. G. Schmidt M.D.

Address 1318 N. Charles St.

Date Sept 21 1906

Place of Burial Cedar Hill

Date Sept 23 1906

Undertaker Jos. Stemmler

Address 1318 Light St.

2x2

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death**. during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1419 Cookrie St.; 24 Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME William E. Oliver

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 3 (Month) 2 (Day) 1906 (Year)

AGE 1 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William E Oliver

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margt White

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Oliver

(Address) 1419 Cookrie St

Filed 9/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Sept 20 1906 that I last saw h[illegible] alive on Sept 21 1906, and that death occurred, on the date stated above, at ——

The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 60 DAYS

Contributory

(DURATION) DAYS

(Signed) E W Lamey M D M. D.

Sept 21 1906 (Address) 304 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cedar Hill | DATE OF BURIAL Sept 23 1906

UNDERTAKER J. D. Stanbrook | ADDRESS 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

(9382) 12

Ward 12 Registered No. B (9382) 42

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 W 23 rd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nellie Stewart Watson

{Residence, if in Baltimore, Give Street and Number.} 122 W. 23 rd St.

Duration of Residence in Baltimore. Sixteen Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20 04 1856

AGE 50 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) St. Mary's Co Md

FULL NAME OF FATHER Wm Fred. Stewart

BIRTHPLACE OF FATHER (State or country) St. A. Co Md

MAIDEN NAME OF MOTHER Ann E. Hall

BIRTHPLACE OF MOTHER (State or country) St. A. Co Md

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Cecil C. Stewart Md

(Address) 122 W. 23 rd St.

Filed Sept 22 1906.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 04 1904

I HEREBY CERTIFY, That I attended deceased from July 1 04 1903 to Sept 21 04 1904 that I last saw h er alive on Sept 21 04 1904, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Explanation

(DURATION) 4 DAYS

Contributory (Primary.) Uterine Cancer

(DURATION) 1 year DAYS

(Signed) Cecil C. Stewart M.D.

Address 122 W. 23 rd St

Date Sept 21 04 1904

Place of Burial London Park Cemetery

Date September 22 nd 1906

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93830

Registered No. B .....

City of Baltimore, (No. 417, Orchard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Priscilla Chapman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Dec 4 1904 (Month) (Day) (Year)

AGE: 1 years, 9 months, 18 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm C Chapman

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: (blank)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Hill Ave

Filed 9/22 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1906 to Sept 22nd 1906 that I last saw h.. alive on Sept 22nd 1906, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Whooping Cough (with Lemorrhages)

About 3 weeks (DURATION) — DAYS

Contributory Inanition due to Pregnancy

Pneumonia — (DURATION) ? DAYS

(Signed) Chas. J. Keller M. D.

Sept 22nd 1906 (Address) 322 W. Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: Sept 23 1906

UNDERTAKER: J. A. Bishop — ADDRESS: 1107 Druid Hill Ave

HABET U.S. ANDREWS, PERMIT CLERK.

Ward 12

Registered No. B 93831

32

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 9 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro.

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Nathan Fitzgerald

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L C Williams

(Address) U.S. Marine Hospital

Filed Sept 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to September 22 1906 that I last saw him alive on September 22 1906, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Periarticular abscess Left Clavicle (DURATION) 1 DAYS

(Signed) L C Williams M.D.

Address U.S. Marine Hospital

Date September 22 1906

Place of Burial Mt Olivet Cemetery

Date Sept 22 1906

Undertaker W E Hughes

Address 176 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 93892 Registered No. B 93892

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Augusta Shipley

{Residence, if in Baltimore, Give Street and Number.} 719 Lemmon St.

Duration of Residence in Baltimore. 4 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 23 1836

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Avery Neal

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Mary Neal

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Augusta Shipley

(Address) 219 N. E. North Ave.

Filed Sept 23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 22 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 22 1906 that I last saw h ex alive on Sept 22 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date SEP 22 1906 190

Place of Burial London Park

Date Tuesday Sept 25th 06 190

Undertaker H. W. Jenkins Undertaking Co.

Address 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93883

3

179

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93883

City of Baltimore, (No. 517 S. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Israel Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 27. (Day) 1905 (Year)

AGE: ..... years, 8. months, 25. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Harry Miller

BIRTHPLACE OF FATHER (State or country): Russian

MAIDEN NAME OF MOTHER: Tilly Gerlich

BIRTHPLACE OF MOTHER (State or country): Oesterreich Galizien

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tillie Miller

(Address) 517 S. Caroline St.

Filed Sept 23rd 1906

C. K. [illegible] R. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from one visit
~~190~~ to ~~190~~

that I last saw him alive on Sept. 22nd 1906,

and that death occurred, on the date stated above, at 4.50 P. M. The CAUSE OF DEATH was as follows:

Complication of diseases
Liver, Lung & Brain, Stomach
and Intestines

(DURATION) Some Hours DAYS

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) Howard A. Delavan M. D.

Sept 22 1906 (Address) 1914 Bolton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip's Rd Roadside

DATE OF BURIAL: Sept 23 1906

UNDERTAKER: Mat Levinson

ADDRESS: 1135 Sou[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 93864 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annette Joeckel

{Residence, if in Baltimore, Give Street and Number.} ~~Since birth~~ - 227 S. Bond St. -

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frederick Wm Joeckel.

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Maggie Fuss

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna A. Snoops

(Address) 1523 Bank St.

Filed Sept 23 1906 Registrar

Recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1906 to Sept. 22 1906 that I last saw her alive on Sept. 22 1906, and that death occurred, on the date stated above, at 11 1/2 M. CAUSE OF DEATH (Secondary or Immediate)

Heart-failure

(DURATION) 1 DAYS

Contributory (Primary) Diarrhoea

(DURATION) 8 DAYS

(Signed) J. Josephson M.D.

Address 230 S. Bond St.

Date Sept. 22 1906

Place of Burial Mt. Carmel

Date Sept. 24" 1906

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 — 93835 — Registered No. B 93835

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1923 Bank St ... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Schaefer

{ Residence, if in Baltimore, Give Street and Number. } 1923 Bank St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 28 1833

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoe Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Schaefer

(Address) 1923 Bank St

Filed Sept 26 1906

Registrar

Ecd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20th 1906

I HEREBY CERTIFY, That I attended deceased from April 22 1906 to Sept 20th 1906 that I last saw h[illegible] alive on Sept 19th 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

5 Months (DURATION) DAYS

Contributory (Primary.) Prostration

2 Months (DURATION) DAYS

(Signed) Edward L. Gudelsohn M.D.

Address 418 S. Paca St

Date Sept 21st 1906

Place of Burial Holey, Redemar

Date Sept 24th 1906

Undertaker Wendel Dukehart & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 93836 Registered No. B 93836 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 771 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Thomas

{Residence, if in Baltimore, Give Street and Number.} 771 Sarah Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH June 29 1906

AGE ..... years, 3 months 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do.

MAIDEN NAME OF MOTHER do.

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J Clark

(Address) 771 Sarah Ann.

Filed Sept 23 1906 Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 21 1906 that I last saw h-- alive on Sept 21 1906 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) 1 DAYS

Con'tributory (Primary.) Apnoea

(DURATION) 1 DAYS

(Signed) V L Norwood M.D.

Address 739 W Fayette St

Date Sept 22 1906

Place of Burial Mt Auburn

Date Sept 22 1906

Undertaker Alfred Treuland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93837 — Registered No. B 93837 — 17?

CERTIFICATE OF DEATH.

(Place of Death.) No. Western Maryland Coal Pier, Port Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name — John Givens 6.

{Residence, if in Baltimore, Give Street and Number.} 1104 Warner St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	Don't know 1
AGE	56 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Givens 6 (wife)

Address 1104 Warner St.

Filed Sept 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at 10.55 a.m. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo M Eichard M.D.

Address Coroner

Date Sept. 21 1906

Place of Burial Mt. Auburn Cem.

Date September 23 1906

Undertaker John H. Toadvine

Address 216 N. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93838

HEALTH DEPARTMENT, CITY OF BALTIMORE. 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93838

City of Baltimore, (No. 623 Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillivio Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH August 30 1905
(Month) (Day) Year)

AGE 2 years, months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ S

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George R Jones

BIRTHPLACE OF FATHER (State or country) Edmondville Md

MAIDEN NAME OF MOTHER Susie Howard

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George R. Jones

(Address) 623 Carlton St

Filed Sept 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to July 24 1906 that I last saw h alive on July 24 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Asthenia

6 months (DURATION) DAYS

Contributory Malnutrition

(DURATION) 60 DAYS

(Signed) H V Wardlaw M. D.

Sept 22 1906 (Address) 640 N Carroll St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Sept. 23 1906
UNDERTAKER	ADDRESS
John H. Toadvin	206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 93839 Registered No. B 93839

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 Laurens St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis C. Horn

{ Residence, if in Baltimore, Give Street and Number. } 519 Laurens St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dr Louis C Horn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Horn

(Address) 734 George St

Filed Sept 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Duration (DURATION) ... DAYS

Contributory (Primary.) Alcoholism

(DURATION) 1 year ~~DAYS~~

(Signed) Wm Bardenheier M.D.

Address 700 Log. av. (Corner)

Date Sept. 22nd 190 6

Place of Burial Loudon Park

Date Sept 24 190 6

Undertaker Wm Cook

Address 507 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93840 Registered No. B 93840

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 S. Chester St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Joseph Cahill

{ Residence, if in Baltimore, Give Street and Number. } 509 S. Chester St.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 20 1905

AGE: 1 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Cahill

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Agnes Mc Glynn

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cahill

(Address) 509 S. Chester St.

Filed Sept 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21st 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Sept 21st 1906 that I last saw him alive on Sept 20th 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Gastro-Enteritis possibly tuberculous in

(DURATION) About 60 DAYS

(Signed) [illegible] M.D.

Address 509 N. Market

Date Sept 22nd 1906

Place of Burial Holy Cross Cemetery

Date Sept. 24½ 1906

Undertaker Germanus Thanes

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B 93841 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 Laurens St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R. Laurens

{Residence, if in Baltimore, Give Street and Number.} 532 Laurens St

Duration of Residence in Baltimore. Thirteen Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1880

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Geo Jackson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Anetta Hamm

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Laurens

(Address) 532 Laurens St

Filed 9/23 1906 Registrar

V GW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Sept 22 1906 that I last saw her alive on Sept - 22 1906. and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pleuro Pneumonia

(DURATION) 50 DAYS

Con'ributory (Primary.) Cardiac Exhaustion (DURATION) 1 DAY

(Signed) F. E. Daugherty M.D.

Address 2506 Pennsylvania Ave

Date Balto Sept - 22 1906

Place of Burial Mountain Wharf Lancaster Co. Va

Date Sept 23 1906

Undertaker F. B. Pyle & Co.

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 93842 — Registered No. B 93842 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Clay St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Gerolamma Rau

{Residence, if in Baltimore, Give Street and Number.} 112 Clay St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: 1

AGE: 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Leopold Leluca

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Concetta Carousa

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Leluca.

(Address)

Filed Oct 2 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Feb 2 1906 to Sept 21 1906 that I last saw h er alive on Sept 21 1906 and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Aortic Stenosis

Nephritis Chronic Interstitial

Probably several years (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 2 DAYS

(Signed) M Mattaliata M.D.

Address 827 Ausquith St

Date Sept 21 1906

Place of Burial St Vincent Cemetery

Date Sept 23rd 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Mattaliata 827 Ausquith St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 93843 Registered No. B 93843

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie C. Keys

{Residence, if in Baltimore, Give Street and Number.} 1702 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored.

DATE OF BIRTH: 1

AGE: years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Keys

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Johns

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johns

(Address) 1702 Division St

Filed Sept 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Bronchio-enteritis (DURATION) DAYS

(Signed) Wm. Barton Hirschfeld M.D.
700 Eutaw Av. (Coroner)

Address ~~Sept. 22nd 1906~~

Date Sept. 22nd 1906

Place of Burial Mt Auburn

Date Sept 22 1906

Undertaker W. J. Johnson

Address 614 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V 93844 Registered No. B 93844 166

CERTIFICATE OF DEATH.

(Place of Death.) No. B & O Baggage Car near Dorseys Station (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wasili Kostuchik

{Residence, if in Baltimore, Give Street and Number.} 602 S. Eutaw St.

Duration of Residence in Baltimore. 4 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frobin Brice.

(Address) 801 China St

Filed Sept 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.. alive on ..... 190....,

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull (accidental)

Struck by B & O Engine #1402 near Annapolis Junction & died on train near Dorsey station, while being brought to Baltimore (DURATION) Hrs

Contributory (Primary.) (DURATION) DAYS

(Signed) Edw M. Reinhardt M.D.

Address Coroner

Date September 23 1906

Place of Burial St Peters Cem

Date Sept 24 1906

Undertaker Wm J. Tickner & Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 93845 — Registered No. B 93845

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Wilder

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 3 of September 1

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: David Wilder

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Harriet Cuddy

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Wilder

(Address) 1409 Clement St

Filed Sept 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 — , 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 22 1906 that I last saw her alive on Sept 22 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Scarlet Fever

(DURATION) 10 DAYS

(Signed) Howard Bruce M.D.

Address 1228 N. Eutaw St

Date Sept 22 — 1906

Place of Burial Mt Olivet

Date Sept 23 1906

Undertaker Tobin & Torrington

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93846

City of Baltimore, (No. 421 Shore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank V Branson

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	— (Month) 1 (Day) — (Year)
AGE	48 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Smith

(Address) 421 Shore St.

Filed Sept 23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1906 to Sept 21st 1906 that I last saw h— alive on Sept 21 1906, and that death occurred, on the date stated above, at 1-30 P. M. The CAUSE OF DEATH was as follows:

Acute Pneumonia

Sin—

Two Months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. W. Murray M. D.

Sept 22 1906 (Address) 1220 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Sep 24 1906

UNDERTAKER	ADDRESS
J & A Elliott	606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93847 — Registered No. B 93847

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 N. Durham St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Walter and Hattie Nichols

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female	COLOR: black
DATE OF BIRTH: Sept 14 1906	
AGE: — years, — months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Walter Nichols
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Nichols

(Address) 1011 N Durham St

Filed Sept 26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 23 1906

that I last saw h[illegible] alive on Sept 22 1906,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date Sept 23. 1906

Place of Burial Laurel

Date Sept 24th 1906

Undertaker R. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B 93648

41

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John McC Donald

{Residence, if in Baltimore, Give Street and Number.} Sykesville Md

Duration of Residence in Baltimore. 10 Days -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 9- 12 1846

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Matthew McDonald

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catharine

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs. Kate A. Blake

Address Sykesville Md

Filed Sept 24 1906

Registrar -

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Sept 23 1906

that I last saw h-- alive on Sept 23 1906

and that death occurred, on the date stated above, at 7 PM

--M. CAUSE OF DEATH (Secondary or Immediate.)

Terminal Intrication

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of Stomach

(DURATION) DAYS

(Signed) Robt C. Day M.D.

Address University Hospital

Date Sept 23 1906

Place of Burial Sykesville Md

Date Sept. 25th 1906

Undertaker John A. Daiger

Address 723 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93849 — Registered No. B 93849

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Barbara Nowak

{ Residence, if in Baltimore, Give Street and Number. } 2003 Jefferson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 25, 1906

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Nowak

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Hujek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Nowak M.D.

(Address) 800 N. Broadway

Filed 9/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 22 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 18 1906 to Sept. 22 1906 that I last saw h-er alive on Sept. 22 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute gastritis

(DURATION) 4 DAYS

Contributory (Primary.) Infantile convulsions (DURATION) 1/4 DAYS

(Signed) Emil Nowak M.D.

Address 800 N. Broadway

Date September 22, 1906

Place of Burial Oak Hill

Date Sept 24 1906

Undertaker Frank H Brach

Address 1904 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93850
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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93850

City of Baltimore, (No. 1617 Abbot St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosie Sophie Kalus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: One o'clock P.M. September 22nd 1906 (Month) (Day) (Year)

AGE: 0 years, 0 months, 7 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kalus

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Rosie Kalus

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Kalus

(Address) 1617 Abbot St.

Filed 9/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 22. (7 P.M.) 1906 to Sept 22 1906 that I last saw her alive on Sept 22 1906, and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows:

Blue Baby. born at 1. P.M. and died 8.30 P.M. same day cause apparently due to some congenital malformation (DURATION) DAYS

Contributory Heart. (was not stated at birth.) (DURATION) DAYS

(Signed) M. C. Sandrock M. D.

Sept 23. 1906 (Address) 1242 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oak Hill | DATE OF BURIAL: Sept 24 1906

UNDERTAKER: Frank Brack | ADDRESS: 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

93851

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93851

Registered No. B.....

City of Baltimore, (No. 1027 Williams St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick C. Waters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 29th (Day) 1846 (Year)

AGE: 59 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto, Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Mary C. Waters (Wife)

(Address) 1027 William St.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18th 1906 to Sept. 21st 1906

that I last saw h[illegible] alive on Sept 21 1906,

and that death occurred, on the date stated above, at 1915 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Superior and Inferior Maxillary Bones

2 Months 15 days (DURATION) ..... DAYS

Contributory Asthenia

..... (DURATION) 14 DAYS

(Signed) H. J. Carrick M. D.

Sept. 22 1906 (Address) 1417 McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 190
UNDERTAKER	ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 93852 Registered No. B 93852

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 214 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Pfeffer

{ Residence, if in Baltimore, Give Street and Number. } 214 S Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 6 1866

AGE 40 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, DIVORCED Married

BIRTHPLACE (State or country) Chicago

FULL NAME OF FATHER Charles H Pfeffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Weaver

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary Pfeffer

(Address) 125 W Lanvale St

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Comer M.D.

Address 320 N Eutaw St

Date Sept 22 1906

Place of Burial CEDAR HILL

SEP 24 1906

HARRY C. ANDREWS, PERMIT CLERK

Date 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 93853 Registered No. B 93853

45

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Louisa Quast

{Residence, if in Baltimore, Give Street and Number.} 2532 Madison Ave

Duration of Residence in Baltimore. -14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Dec. 1 1867

AGE 38 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Jacob Shudinn

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED N-N:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Quast

(Address) 2532 Madison Ave

Filed 9/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Sept 22 1906

that I last saw h-- alive on Sept 22 1906,

and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma

(DURATION) DAYS

(Signed) Roth C. Bay M.D.

Address University Hospital

Date Sept 22 1906

Place of Burial Balto Cemetery

Date Sept 25th 1906

Undertaker Chas. E. Franck

Address 461 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93854

City of Baltimore, (No. 7. C. Home - 837 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond Albert Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. 30 — 1906.
(Month) (Day) (Year)

AGE: — years, — months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Kate Kennedy

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Kennedy

(Address) 837 Hollins

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 23rd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1906 to Sept. 23rd 1906 that I last saw him alive on Sept. 22nd, 1906, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Eczema. (?
(Hereditary Syphilis) (?)
(DURATION) 10 DAYS

Contributory
(DURATION) DAYS

(Signed) Henry Cook Wilkins M. D.

Sept. 23rd 1906 (Address) 810 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 24 1906
UNDERTAKER	ADDRESS
Chas E Franck	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 93855 — Registered No. B 93855

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Russell St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Breslau

{Residence, if in Baltimore, Give Street and Number.} 1116 Russell St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White.
DATE OF BIRTH: 1	
AGE: 84 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Retired.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Breslau.

(Address) 1116 Russell St

Filed 9/24 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21st 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1906 to Sept 21 1906 that I last saw h— alive on Sept 21 1906 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) 6 DAYS

Contributory (Primary.) Uremia — (DURATION) 1 DAYS

(Signed) Edw Gruenstein M.D.

Address 517 Lexington

Date Sept 21 — 1906

Place of Burial Western Cem.

Date Sept 24 1906

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 93856 — Registered No. B 93856

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CERTIFICATE OF DEATH.

(Place of Death.) No. 6338 Madison St. Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel B. Arnold

{Residence, if in Baltimore, Give Street and Number.} No 6338 Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 6th 1834

AGE: 72 years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo. H. Arnold

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Mary Jane Bland

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Helen F. Arnold

(Address) 6338 Madison St

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Baltimore Sept 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Sept 21 1906

that I last saw him alive on Sept 21 1906

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 18 DAYS

Contributory (Primary.) Bronchitis

Several months (DURATION) DAYS

(Signed) Thos. A. Milliman M.D.

Address No 2449 York Road

Date Sept 22nd 1906

Place of Burial Greenmount Cem

Date Sept 24 1906

Undertaker William Cook Co.

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93857

City of Baltimore, (No. 2 E 25th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genevieve B. Worley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 37 years, 6(?) months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Adam Groff

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. E. Worley

(Address) 2 E. 25th St

Filed 9/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 22nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Sept 22 1906 that I last saw h[illegible] alive on Sept 22 1906, and that death occurred, on the date stated above, at 9-45 P. M. The CAUSE OF DEATH was as follows:

Child birth

(DURATION) 1 DAYS

Contributory Anemia

(DURATION) 1 DAYS

(Signed) H. N Fair M. D.

Sept 23 1906 (Address) 12. E. 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Sept 25 1906

UNDERTAKER: William Cook — ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 93858 Registered No. B 93858

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anne Halpin

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	86 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Lawrence Quigley
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Catherine Moore
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Sts.

Filed 9/24 1906 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22nd 1906.

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.r alive on Sept. 22nd 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Arteri Sclerosis

(DURATION) DAYS

(Signed) J. E. Humpel, M.D.

Address 1103 Valley St.

Date Sept. 23d 1906.

Place of Burial St. Marys-Govanstown

Date Sept. 24th 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B 93859

93859

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Schertel

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 30th 1830
AGE	76 years, 5 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	George Schertel
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Anna Schertel
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Sts.

Filed 9/24 1906

HARRY C. ANDRES, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22nd 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1 DAYS.

Con'ributory (Primary.) Chronic Bronchitis

(DURATION) 90 DAYS

(Signed) H. Hensel, M.D.

Address 1103 Valley St.

Date Sept. 22nd 1906.

Place of Burial St. Alphonsus

Date September 25 1906

Undertaker H. Schneidereits

Address 614 Gruntly Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 93860 Registered No. B 93860

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 837 N. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Rubino

{Residence, if in Baltimore, Give Street and Number.} 837 N. Howard St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Feb. 24th 1906

AGE ..... years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City -

FULL NAME OF FATHER Frank Rubino

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Grace Gelburn

BIRTHPLACE OF MOTHER (State or country) City.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Rubino

(Address) 837 N. Howard St.

Filed 9/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23rd 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to Sept 23rd 1906 that I last saw h im alive on Sept 22nd 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition (Cardiac asthenia)

(DURATION) 30 DAYS

Contributory (Primary.) Gastro Enteritis (bottle fed) (DURATION) 63 DAYS

(Signed) S. Drumm M.D.

Address 1604 Linden Ave

Date Sept 23rd 1906

Place of Burial St Vincents

Date Sept. 24 1906

Undertaker Wm Gaylerson

Address 17 E. Lee

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93861 — Registered No. B 93861

CERTIFICATE OF DEATH.

(Place of Death.) No. 1636 N. Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Frederick Wiessner

{Residence, if in Baltimore, Give Street and Number.} 1636 N. Gay St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH April 5 1859

AGE 47 years, 5 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John F Wiessner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sarah Ruppert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wiessner

(Address) 1700 N. Gay St

Filed 9/24 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1906

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Sept 22 1906 that I last saw h[illegible] alive on Sept 22 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Brights Disease Heart

Six months (DURATION) DAYS

Contributory (Primary) Dropsy - 2 mo

Heart failure (DURATION) 2 ~~6~~ DAYS

(Signed) Arthur Wiegmann M.D.

Address 2031 Eutaw Place

Date Sept 22. 1906

Place of Burial London Park Cemetery

Date September 25th 1906

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

93862

Registered No. B 93862

52

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Baltimore City St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John H. Larue.

{ Residence, if in Baltimore, Give Street and Number. } Independence W. Va

Duration of Residence in Baltimore. 9-days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: February 1864

AGE: 42 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~: Married.

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Hiram G. Larue.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Alcinda Holsmpiller

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: Miner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Larue Jr.

(Address) Independence.

Filed 9/24 1906 W. Va.

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 23d 1906 that I last saw him alive on Sept 23d 1906 and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Addisons Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Sept: 23d 1906.

Place of Burial Independence W. Va

Date SEP 24 1906 190 ....

Undertaker Wm. J. C. Dulany Co.

Address 201 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93863

Registered No. B .....

City of Baltimore, (No. 134 N. Front St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther Filtzer

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER W. Filtzer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Libil Paris

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Filtzer

(Address) 134 N. Front St

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 1906

that I last saw h.. alive on 1906,

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Cholera morbus

Four months (DURATION) ..... DAYS

Contributory Mal nutrition

Two months. (DURATION) ..... DAYS

(Signed) A. J. Fordon M. D.

Sept 24 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philips Rd Woodlawn

DATE OF BURIAL Sept 24 1906

UNDERTAKER Mor Levinson

ADDRESS 1108 Low St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93864 — Registered No. B 93864

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm Barns

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf- asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH: Aug 27, 1906

AGE: ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): C, Y

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Sept 22 1906 that I last saw h[im] alive on Sept 21 1906, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 9/22 1906

Place of Burial New Cathedral

Date Sept. 24th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93865 — Registered No. B 93865 151

CERTIFICATE OF DEATH.

(Place of Death.) No St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Agnes Holbrook

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	Aug 26, 1906
AGE	..... years, 2 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26 1906 to Sept 22 1906 that I last saw h[illegible] alive on Sept 21 1906, and that death occurred, on the date stated above, at 5 — A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus and
congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 9/22 — 1906

Place of Burial New Cathedral

Date Sept 24th 1906

Undertaker J. Martin Bakey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93866 — Registered No. B 93866 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Helen Parker

{Residence, if in Baltimore, Give Street and Number.} St Vinct Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Aug 26, 1906
AGE	..... years, ... months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 26 1906 to Sept 22 1906 that I last saw her alive on Sept 21 1906, and that death occurred, on the date stated above, at 10. a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Hayward, M.D.

Address 1230 N. Caroline St.

Date 9/23 1906

Place of Burial New Cathedral

Date Sept. 24th 1906

Undertaker Martin Dakey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93867 — Registered No. B 93867

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Helen Bordenwerk

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Aug 27 1906
AGE	..... years, ... months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/27 1906 ✓ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Sept 23 1906 that I last saw h.. alive on Sept 23 1906, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Marasmus

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Eutaw

Date 9/23 1906

Place of Burial New Cathedral

Date Sept. 24th 1906

Undertaker Martin Daley & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 93868 — Registered No. B 93868 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jones,

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Aug 9, 1906
AGE	..... years, 1 month, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Hagerstown
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/27 1906

Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Sept 23 1906

that I last saw h[er] alive on Sept 23 1906

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 9/28 1906

Place of Burial New Cathedral

Date Sept. 24th 1906

Undertaker Martin Bakey & Sons

Address 66 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93869 Registered No. B 93869

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital, Balto. City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronie Nicely

{Residence, if in Baltimore, Give Street and Number.} Lillington Va.

Duration of Residence in Baltimore. Since Sept- 4th

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: White

DATE OF BIRTH: Feb 22d 1888

AGE: 18 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: James F. Nicely.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Susan McCoy.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Nicely.

(Address) Lillington Va.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4- 1906 to Sept-23 1906 that I last saw h im alive on Sept 23d 1906, and that death occurred, on the date stated above, at 7-P.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore. M.D.

Address Johns Hopkins Hospital Balto

Date Sept 23d 1906

Place of Burial Lillington Bath Co. Va

Date 1906

Undertaker Wm J Fry

Address 221 N Broadway

SEP 24 1906 MARK E. ANDREWS, PUBLIC CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93870 — Registered No. B 93870

CERTIFICATE OF DEATH.

18

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Fair

{Residence, if in Baltimore, Give Street and Number.} 217 S. Caroline st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 25 1879

AGE 27 years, 10 months, days

~~SINGLE, MARRIED,~~ WIDOW~~ED~~, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alex Haddy

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Bertha Collis

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Haddy

(Address) 217 S. Caroline st.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 22 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept. 22 1906

that I last saw her alive on Sept. 22 1906, 7.40

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

10 hours (DURATION) DAYS

Contributory (Primary.) Acute endocarditis

(DURATION) 15 DAYS

(Signed) W. W. Olin M.D.

Address University Hospital

Date Sept. 22 1906

Place of Burial Oak Lawn Cem

Date SEP 25 1906 190

Undertaker Wm S. Fay

Address 221 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93871 Registered No. B 93871

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Ausquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard P. Cooksey

{Residence, if in Baltimore, Give Street and Number.} 835 Ausquith St.

Duration of Residence in Baltimore. 22 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	Jan. 8. 1869
AGE	37 years, 8 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Anne Arundel Co, Md
FULL NAME OF FATHER	Thomas E. Cooksey
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Julia A. Waters
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florence Cooksey.

(Address) ~~1214~~ 835 Ausquith St

Filed 9/24 6 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 22 1906 that I last saw h[illegible] alive on Sept 21 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, Acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Tuberculosis, Pleuritis Nephritis, Ascites (DURATION) DAYS

(Signed) N C Knapp M.D.

Address 1714 E. Pleasant St.

Date Sept 22 1906

Place of Burial Greenmount Cemetery

Date Sept. 24, 1906

Undertaker Henry W. Mears and Sons

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 93872 Registered No. B 93872

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Woodward

{Residence, if in Baltimore, Give Street and Number.} 1421 Penna. Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored.

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to Sept. 16 1906

that I last saw him alive on Sept. 16 1906

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 2 DAYS

Con'tributory (Primary.) Typhoid.

(DURATION) 15 DAYS

(Signed) M. W. Stark M.D.

Address Md. Homoeopathic Hospital.

Date Sept 17. 1906.

JOHNS HOPKINS HOSPITAL SEP 22 1906

Place of Burial

Date 190

Undertaker Commissioner Health

Address

WM. J. C. DULANY CO., BALTIMORE.

morgue

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 93873 — Registered No. B 93873

CERTIFICATE OF DEATH.

134

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Jeakins

{Residence, if in Baltimore, Give Street and Number.} 2028 Keyser St.

Duration of Residence in Baltimore. One yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B.

DATE OF BIRTH ..... 1 .....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 9- 1906 to Sept. 15th 1906 that I last saw h.er alive on Sept. 15th 1906, and that death occurred, on the date stated above, at 5.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Extra-Uterini Pregnancy

..... (DURATION) ..... DAYS

Contributory (Primary.) Malignant Endocarditis (DURATION) ..... DAYS

(Signed) Wm G. Dorsey M.D.

Address City Hospital

Date September 15th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 22 1906 1906

Undertaker ..... Commissioner Health

Address .....

Morgue

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93874

Registered No. B .....

City of Baltimore, (No. Hosp. Lg. Hopkins St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irma Engl

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: male	COLOR: white	DATE OF DEATH: Sept (Month) 19 (Day) 1906 (Year)
DATE OF BIRTH: 9 (Month) 13 (Day) 1905 (Year)		I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Sept 19 1906 that I last saw h living alive on Sept 19 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:
AGE: 1 years, 0 months, 4 days		marasmus.
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —		(DURATION) DAYS
BIRTHPLACE (State or country): Maryland,		Contributory Exhaustion. (DURATION) DAYS
FULL NAME OF FATHER: Unknown		(Signed) W. Edw. Magruder, M. D.
BIRTHPLACE OF FATHER (State or country): "		190 (Address) 822 Mad. Ave.
MAIDEN NAME OF MOTHER: "		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
BIRTHPLACE OF MOTHER (State or country): "		Former or Usual Residence ..... How long at Place of Death? ..... Days
OCCUPATION OF DECEASED: —		Where was disease contracted, if not at place of death? SEP 23 1906
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL. DATE OF BURIAL: 190
(Informant) Miss E. M. Stone		UNDERTAKER: — ADDRESS: Commissioner Health.
(Address) Hosp. Hospital.		
Filed 9/24 190 6 Registrar		

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

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morgue

Ward 6 — 93875 — Registered No. B 93875 10v

93875

CERTIFICATE OF DEATH.

(Place of Death.) No. 3121 E Fayette. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Michael Fisher

{ Residence, if in Baltimore, Give Street and Number. } 3121 E Fayette St.

Duration of Residence in Baltimore.. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: October 8th 1849

AGE: 56 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Fischer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Trusch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Fischer

(Address) 3121 Philadelphia Road

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1906

I HEREBY CERTIFY, That I attended deceased from May 4 1906 to Sept 20 1906 that I last saw h— alive on Sept 20 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Stenosis dependent on Stricture of Esophagus at cardiac junction with Stomach 5 Months (DURATION) DAYS

Contributory (Primary.) Protoemaciation (DURATION) DAYS

(Signed) W. H. Callum M.D.

Address 1308 N Charles St

Date Baltimore Sept 21 1906.

Place of Burial Mt. Carmel Cem.

Date Sept 24 1906.

Undertaker HENRY GAUDT & SONS

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93876 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2116 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Earl B Houseman

{ Residence, if in Baltimore, Give Street and Number. } 2116 Canton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 14 1906

AGE ..... years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas. Schupp

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Nettie A Houseman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Houseman

(Address) 2246 Canton Ave

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1906 to Sept 24th 1906 that I last saw him alive on Sept 22 1906, and that death occurred, on the date stated above, at 4.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Gastro-Enteritis

one mths (DURATION) DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank st

Date Sept 24 1906

Place of Burial Mt Carmel Cem

Date Sept 25 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Baltimore Sts. and 1703-17 E Chester Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93877

City of Baltimore, (No. ~~Oct~~ 1303 Gough St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Davidson

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR White

DATE OF BIRTH May 24 1905
(Month) (Day) (Year)

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sam. Davis

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ray Michael

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Davis

(Address) 1303 Gough st

Filed Sept 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Sept 23 1906

that I last saw him alive on Sept 23 1906,

and that death occurred, on the date stated above, at 11 8 M. The CAUSE OF DEATH was as follows:

Scarlet Fever

(DURATION) 2 DAYS

Contributory

(DURATION) DAYS

(Signed) H. A. Brudick M. D.

Sept 24 1906 (Address) 32 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Rd Pas Dale | DATE OF BURIAL Sept 24 1906

UNDERTAKER Max Levinson | ADDRESS 1138 Low st

WM. J. C. DULANY CO., BALTIMORE

1 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93878

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CERTIFICATE OF DEATH.

Registered No. B 93878

City of Baltimore, (No. 1901 Gough St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Lewis,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 15 (Day) 1906 (Year)

AGE: — years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm Lewis

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Louise Gernerdt

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lewis

(Address) 1901 Gough St.

Filed Sept 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Sept 22 1906.

that I last saw her alive on Sept 21 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Sept 23 1906 (Address) 1721 Carlton av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Alphonsus Cem

DATE OF BURIAL: Sept 24 1906

UNDERTAKER: Jno A. Inman

ADDRESS: Bank & Am

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street, and Number.)

Full Name William Wojtyscak

{Residence, if in Baltimore, Give Street and Number.} 816 N Bond St -

Duration of Residence in Baltimore. 22 yrs. B93879

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Martin Wojtysiak

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Antonia.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdalena Wojtysiak

(Address) 816 N. Bond St

Filed 9/27 6

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Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 22 1906

I HEREBY CERTIFY, That I attended deceased from Sept- 12 1906 to Sept. 22 1906

that I last saw h alive on Sept. 12 1906,

and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

6 mos - (DURATION) DAYS

Contributory (Primary) Cardiac failure

(DURATION) DAYS

(Signed) T. S. Meek M.D.

Address 149 E Pat Patterson

Date Sept. 23 1906

Place of Burial St Stanislaus.

Date Tuesday Sept 25 1906

Undertaker M F Sullivan's Sons

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93880

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

~~93875~~

Registered No. B 93880

City of Baltimore, (No. 2904 Hudson St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Winkler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 23 (Day) 1906 (Year)

AGE: 58 years, — months, 29 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bollan

(Address) 2904 Houston St

Filed 9/24 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 22nd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 5th 1906 to Sept 22nd 1906 that I last saw h[e] alive on [Sept] 21st 1906, and that death occurred, on the date stated above, at 4.30 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

History of (DURATION) 5 M 17 DAYS

Contributory

(DURATION) DAYS

(Signed) H. L. Eckard M. D.

9-23- 1906 (Address) 910 Cantag

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Quartz, Conn	Sept 24 1906
UNDERTAKER	ADDRESS
J Kendall Dipkel & Son	330 S. Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

93881

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93881
43

CERTIFICATE OF DEATH.

[redacted]

Registered No. B.....

City of Baltimore, (No. 701 N. Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Rogers -

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White -
DATE OF BIRTH	Oct. 4 1816 (Month) (Day) (Year)
AGE	89 years, 11 months, 15 days
SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md -
FULL NAME OF FATHER	Benj. Rogers -
BIRTHPLACE OF FATHER (State or country)	England -
MAIDEN NAME OF MOTHER	Hannah Barry
BIRTHPLACE OF MOTHER (State or country)	England -
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Andrew B Cross

(Address) 701 N. Calvert St.

Filed Sept 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 17 1906 to September 22 1906 that I last saw her alive on September 22 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Cancer of breast -

(DURATION) 40 DAYS

Contributory Exhaustion following hemorrhage (DURATION) 48 DAYS

(Signed) Mary Mead Brown M. D.

Sept 23 1906 (Address) 901 N. Calvert St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept. 25 1906
UNDERTAKER	ADDRESS
Evans & Spence	118 & 120 W. Mt Royal ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 93882 Registered No. B 93882

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A Sellers

{ Residence, if in Baltimore, Give Street and Number. } 615 N. Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR B

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Adam Sellers

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Phoba Carey

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Sellers

(Address) 615 N. Central Ave

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h alive on ..... 190 ..... and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo L Carnahan M.D.

Address Coroners Dep

Date Sept 23-06 1906

Place of Burial Asbury C

Date Sept 25th 1906

Undertaker Wm J G Jackson

Address 1421 Hullidays St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 93883 — Registered No. B 93883

CERTIFICATE OF DEATH.

175

Place of Death.) No. 139 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dedericka Thiess

{ Residence, if in Baltimore, Give Street and Number. } 139 N. Montford Ave.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 16 1834

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Ulrich

(Address) 139 N. Montford Ave

Filed 9/24 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laudanum Poison

(Acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Ramme M.D.

Address Coroner Office

Date Sept. 23 - 06 190

Place of Burial London Park Cemetery

Date Sept 25 190

Undertaker Christian Miller

Address 2334 Jefferson at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93884 Registered No. B 93884

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretta Delaney

{Residence, if in Baltimore, Give Street and Number.} 3 Poyer

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1848

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Delaney

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Eliza Greez

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Sister Dorothy Mary

Address: Preston & Valley

Filed 9/24 1906

HARRY O. J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 22d 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw her alive on Sept. 22nd 1906, and that death occurred, on the date stated above, at 8.40 p. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 years

Contributory (Primary.) Arterio Sclerosis

(DURATION) DAYS

(Signed) J. B. Hempel, M.D.

Address 1102 Valley St.

Date Sept. 23d 1906.

Place of Burial Bonne Brae

Date Sept 25th 1906

Undertaker Geo. M. Fink

Address 611 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93885

City of Baltimore, (No. 1009 Denver St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Schoenfeld

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 18 (Day) 1840 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Wüst.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Gussie Schoenfeld

(Address) 1009 Denver St.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 22 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Sept 1906 that I last saw her alive on Sept 22 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis

(DURATION) 1 yr DAYS

Contributory Toxaemia

(DURATION) 14 DAYS

(Signed) J. B. Schwatka M. D.

Sept 23 1906 (Address) 1003 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 25 1906

UNDERTAKER: W M Rowlow

ADDRESS: 230 N Greene

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93886

City of Baltimore, (No. 1926 E. Preston St.) Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Lawrence Wenzire

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 18 1906
(Month) (Day) (Year)

AGE ..... years, 5 months, 4 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles P. Wenzire

BIRTHPLACE OF FATHER (State or country) State

MAIDEN NAME OF MOTHER Alma Bruty

BIRTHPLACE OF MOTHER (State or country) State

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles P. Wenzire

(Address) 1926 E. Preston

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 23 1906 that I last saw him alive on Sept 23 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Infantile Convulsions

..... (DURATION) 24 Hours DAYS

Contributory Dentition

..... (DURATION) 7 DAYS

(Signed) J. William France M. D.

Sept 28 1906 (Address) 1407 Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters Cemetery

DATE OF BURIAL SEP 25 1906

UNDERTAKER

ADDRESS

HARRY O. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 93887 Registered No. B 93887

CERTIFICATE OF DEATH.

(Place of Death.) No. 2603 Boone St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary E. Kelly

{Residence, if in Baltimore, Give Street and Number.} 2603 Boone

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: October 1845

AGE: 60 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael McMahon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Mason

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc Mahon

(Address) 2603 Boone

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1906

I HEREBY CERTIFY, That I attended deceased from Year 1903 to Sept 1906 that I last saw her alive on Sept 15 1906, and that death occurred, on the date stated above, at 12.40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bulbar Paralysis

Eight weeks (DURATION) DAYS

Contributory (Primary.) Probably Traumatic Hemorrhage

Hemiplegia 20 years ago (DURATION) (History) DAYS

(Signed) C. Hampson Jones M.D.

Address 2510 St. Paul St.

Date Sept 24th 1906

Place of Burial Mem. Cathedral

Date Sept 27 1906

Undertaker E. G. Winfield Jr

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 93888

93888

CERTIFICATE OF DEATH.

(Place of Death.) No. 945 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary J. Fullerton

{Residence, if in Baltimore, Give Street and Number.} 945 Linden Ave.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 6" 1833

AGE 73 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Fullerton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rosanna Fullerton

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Store-keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. J. Dunn

(Address) 945 Linden Ave.

Filed 9/24 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept. 1906 that I last saw her alive on Sept. 22nd 1906, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Age. Light Stroke of Hemiplegia & general debility

3 or 4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. Brooke Boyle M.D.

Address 1001 N. Calvert St.

Date 190

Place of Burial Cathedral Cemetery

Date September 25 190 6

Undertaker Henry W. Mead and Sons

Address 805 N. Calvert street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 93889 Registered No. B 93889

CERTIFICATE OF DEATH. 93889 99

(Place of Death.) No. 507 Bloom St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Dobbins

{Residence, if in Baltimore, Give Street and Number.} 507 Bloom St

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1883

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Charles Co. Md.

FULL NAME OF FATHER: Charles Dobbins

BIRTHPLACE OF FATHER (State or country): Charles Co. Md

MAIDEN NAME OF MOTHER: Martha Thomas

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Dobbins

(Address) 507 Bloom st

Filed Sept 25th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 23 1906

I HEREBY CERTIFY, That I attended deceased from 8-7 1906 to 9 23 1906 that I last saw her alive on 9 22 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchitis contd 6

(DURATION) 48 DAYS

Contributory (Primary) Haemorrhage of Lungs (DURATION) 45 DAYS

(Signed) Dr Wm Bernard M.D.

Address 708 Ensor St

Date 190

Place of Burial St Peters Cemetery

Date Sept 25 1906

Undertaker Felix & Son

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted]

Registered No. B [redacted]

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 Bloom St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Dobbins

{Residence, if in Baltimore, Give Street and Number.} 507 Bloom St

Duration of Residence in Baltimore. 6 years

B 93889

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	June 20th 1883
AGE	23 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Charles County Md
FULL NAME OF FATHER	Charles Dobbins
BIRTHPLACE OF FATHER (State or country)	Charles Co Md
MAIDEN NAME OF MOTHER	Martha Thomas
BIRTHPLACE OF MOTHER (State or country)	Charles Co. Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Dobbins

(Address) 507 Bloom st

Filed 9/24/06 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-23 1906

I HEREBY CERTIFY, That I attended deceased from 8-7 1906 to 9-23 1906 that I last saw h[illegible] alive on 9-22 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

continued

(DURATION) 48 DAYS

Contributory (Primary.) Haemorrhage of Lungs (DURATION) 48 DAYS

(Signed) G. W. Kennard, M.D.

Address 708 Ensor St

Date Sept 24 1906

Place of Burial St Peters Cemetery

Date Sept 25 1906

Undertaker Felix P. Pyc

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 93890 Registered No. B 93890

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 East St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. E. Mitchell

{Residence, if in Baltimore, Give Street and Number.} 218 East St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER James Mitchell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ann Pannel

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His Wife.

(Address) 218 East St

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday Sept 23d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1906 to Sept 23d 1906

that I last saw h alive on Sept 23d 1906,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Typhoid (DURATION) DAYS

Contributory (Primary.) Acute Congestion

7 Lung (DURATION) 4 DAYS

(Signed) [illegible] M.D.

Address 607 E Chase

Date Balto Sept 24th 1906

Place of Burial Mt Zion

Date Sept 25 1906

Undertaker R T Elliott

Address 522 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93891 — Registered No. B 93891

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 421. N. Central av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Jerome Hillary

{ Residence, if in Baltimore, Give Street and Number. } 421 N Central av

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Sept 18 1906

AGE: — years, — months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Hillary

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: ~~Rebecca~~ Roth.

BIRTHPLACE OF MOTHER (State or country): Providence R.I.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Hillary

(Address) 421 N Centralave

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Sept 24 1906 that I last saw him alive on Sept 24 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) DAYS

Contributory (Primary.) Cold

(DURATION) DAYS

(Signed) J E Hurd M.D.

Address 202 Gough St

Date Sept 24 1906

Place of Burial Laurel

Date Sept 25 — 1906

Undertaker D T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93892 Registered No. B 93892

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 N Dunkan alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edward Sylvester Willson

{ Residence, if in Baltimore, Give Street and Number. } 504 N Dunkan alley

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 27. 1906

AGE: ..... years, 2 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Goldin Hutchins

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Jackson

(Address) 504 N. Dunkans alley

Filed 9/25 1906

HARRY O. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 24 1906 that I last saw h[illegible] alive on Sept 23 1906, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho = Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Sept 24 1906

Place of Burial Woodberry

Date Sept 26 1906

Undertaker W. T. Elliott

Address 506 Wagner Court

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93893

Registered No. B 93893

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 519 Campbell St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Earl Bell

{Residence, if in Baltimore, Give Street and Number.} 519 Campbell st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 1906

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Emory Bell

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna Kaufman

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Bell

(Address) 519 Campbell st.

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 23 1906 that I last saw him alive on Sept 23 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

Cause unknown

10 hours (DURATION) DAYS

Contributory (Primary.) Asthenia

Collapse (DURATION) DAYS

(Signed) Jos. E. Imse M.D.

Address 855 Columbia ave

Date Sept 24 1906

Place of Burial Baltimore Cemetery

Date Sept. 25 1906

Undertaker James Dignan & Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 93894

93894

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 E. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward H. Eurich

{ Residence, if in Baltimore, Give Street and Number. } 605 E. Washington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept 18th 1906
AGE	____ years, ____ mont's, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Henry J. Eurich
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Lena P. Grasser
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Eurich

(Address) 605 E. Washington St

Filed 9/25 1906

Registrar

ST. PAUL'S ... PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 23 1906 to Sept. 24 1906 that I last saw him alive on Sept. 23 1906, and that death occurred, on the date stated above, at 12 Noon

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

1 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) C. S. Mees M.D.

Address 619 Park Ave

Date Sept. 26 1906

Place of Burial Mount Carmel

Date Sept 25th 1906

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 93893 Registered No. B

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 308 S. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Schugard

{ Residence, if in Baltimore, Give Street and Number. } 308 S. Fremont Ave

Duration of Residence in Baltimore. 35 Years B93895

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 20th 1846

AGE 60 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Bleidorn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kuknoder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schugard

Address 308 S. Fremont Ave

Filed 9/25 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1906 to Sept 24th 1906 that I last saw her alive on Sept 23rd 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

about One year (DURATION) DAYS

Contributory (Primary.) Prostration

One month (DURATION) DAYS

(Signed) Chas L. Goddenbow M.D.

Address 418 S. Paca St

Date Sept 24th 1906

Place of Burial Baltimore Cemetery

Date Sept 26th 1906

Undertaker Jno. & Jno. H. Teufel.

Address S.W. Cor. Fayette & Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93896

City of Baltimore, (No. 1931 Edmondson Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harold R Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 5 (Month) (Day) 1906 (Year)

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edward Myers

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lillian Dawson

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Myers

(Address) 1931 Edmondson Ave

Filed 9/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 25 1906 that I last saw h im alive on Sept 24 1906, and that death occurred, on the date stated above, at 5 a M. The CAUSE OF DEATH was as follows:

Gastro Enterocolitis

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Lee Dawson M. D.

Sept 25 1906 (Address) 923 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 25 1906
UNDERTAKER	**ADDRESS**
Wm J Tickner & Sons	Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

93897

Registered No. B 93897

135

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 ~~Eutaw~~ Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonio Volpe

{Residence, if in Baltimore, Give Street and Number.} 719 ~~Eutaw~~ Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 3 1906

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antn. Volpe

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Volpe

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 719 E. Bond St.

Filed 9/25 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 24 1906

that I last saw h— alive on Sept 24 1906 6 P

and that death occurred, on the date stated above, at ——

11. CAUSE OF DEATH (Secondary or Immediate.)

Intestines

(DURATION) 5 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kleutsch M.D.

Address 16 S Broadway

Date Sept 24 1906

Place of Burial St Vincents Cemetery

Date Sept 25" 06 1906

Undertaker Evans & Spence

Address 118 N. W. Mt Royal

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93898

City of Baltimore, (No. 1442 N Henry St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	white
DATE OF BIRTH	Nov 8 1842 (Month) (Day) (Year)
AGE	63 years, 10 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Barlow Inman
BIRTHPLACE OF FATHER (State or country)	Jersey —
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magie Aitchison (Daughter)

(Address) 1442 Henry

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept — 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 23 1906 that I last saw h[er] alive on Sept 22 1906, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Cerebral apoplexy 14 years ago. paralysis, and cerebral degeneration.

one (DURATION) DAYS

Contributory Progressive Muscular Paralysis (DURATION) DAYS

(Signed) Irving Miller M. D.

Sept 22 1906 (Address) 1734 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK	SEP 25 1906
HARRY O. ANDREWS, PERMIT CLERK.	
UNDERTAKER	ADDRESS
Armstrong Donnelly Co.	115 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 93899 Registered No. B 93899

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Debus

{ Residence, if in Baltimore, Give Street and Number. } Arlington, Balto Co., Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 30 1888

AGE 18 years, 4 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Arlington Balto Co Md

FULL NAME OF FATHER John H Debus

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Elizabeth Bennauzar

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Debus

(Address) Arlington Md.

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1906 to Sept. 25 1906 that I last saw h~~im~~ alive on Sept. 25 1906, and that death occurred, on the date stated above, at 8.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) J. Holmes Smith, M.D.

Address University Hosp'l.

Date Sept. 25, 1906

Place of Burial Stone Chapel Balto Co Md

Date Sept 27 1906 1906

Undertaker Jos B Cook

Address 103 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93900

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93900

City of Baltimore, (No. 6 Franklin Terrace St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. P. Calvert Andrew Ebaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept (Month) 20 (Day) 1873 (Year)

AGE 33 years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co, Md

FULL NAME OF FATHER Andrew C. Ebaugh

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Ida M. Tucker

BIRTHPLACE OF MOTHER (State or country) Balto City Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Ebaugh

(Address) Reisterstown Md

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12:10 P. M. The CAUSE OF DEATH was as follows:

Accidental

Fracture of Base Skull

Cervical Vertebra (DURATION) DAYS

Contributory

Drowning (DURATION) DAYS

(Signed) Hinkley Lentz M. D.

Sept 24 1906 (Address) 1816 E. Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Reisterstown Md How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Sept 27 1906

UNDERTAKER E. D. Selby & Co

ADDRESS Reisterstown Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward D 93901 Registered No. B 93901

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CERTIFICATE OF DEATH.

(Place of Death.) No. 848 South Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Lachowski

{Residence, if in Baltimore, Give Street and Number.} 848 S. Bond St

Duration of Residence in Baltimore during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 28 1906

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Kostanty Lachowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Jozefa Brukowa.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kostanty Lachowski

(Address) 848 S. Bond St

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23d 1906 to Sept 24th 1906 that I last saw him alive on Sept 23d 1906, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis

about a week (DURATION) DAYS

Contributory (Primary) Inanition

during life (DURATION) DAYS

(Signed) Fredk A. Consadine M.D.

Address 2241 E. Balto St

Date September 24th 1906

Place of Burial St Stanislaus

Date Tuesday Sept 25 1906

Undertaker M F Lachowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 2 93902 Registered No. B 93902

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 S. Ann — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William M. Rivers

{Residence, if in Baltimore, Give Street and Number.} 517 S. Ann St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1906

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas E Rivers Jr

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Jennie Hoffman

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas C. Rivers Jr

(Address) 517 S. Ann St

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1906 to Sept 24th 1906 that I last saw him alive on Sept 24th 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Et Remotum

(DURATION) DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) DAYS

(Signed) Herman J Geering M.D.

Address 1937 Eastern Ave.

Date Sept 25th 1906

Place of Burial Loudon Park Cem

Date Sept 26th 1906

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

GARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93903

City of Baltimore, (No. 317, Chestnut St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Daffney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Bl

DATE OF BIRTH: April (Month) 21 (Day) 1906 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Edgar Daffney

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Hannie Jackson

BIRTHPLACE OF MOTHER (State or country): Washington D C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Wolman

(Address) J. H. & H. Disp.

Filed 9/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1906 to Sept. 13 1906

that I last saw h[illegible] alive on Sept. 13 1906,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Enteritis malnutrition

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) S. Wolman M. D.

Sept. 25 1906 (Address) J. H. & H. Disp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Sept. 25 1906
UNDERTAKER	ADDRESS
P. A. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

deceased, and the ***cause and date of death.***

93904

13 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93904

City of Baltimore, (No. 1361, Carroll St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Lavay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black
DATE OF BIRTH: Unknown (Month) (Day) 1866 (Year)	
AGE: 40 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Phillip Deal	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Rachel Gross.	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Lavay

(Address) 1306 Carroll St.

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Sept 23 1906, that I last saw h[illegible] alive on Sept 23 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Acute General Peritonitis

(DURATION) DAYS

Contributory Abscess Ovary Salpingitis

(DURATION) DAYS

(Signed) K B Kinnemuth M. D.

Sept 23 1906 (Address) 603 E Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Sept 26 1906
UNDERTAKER	ADDRESS
Geo F H Hooper	609 Little Ka[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — 93905 — Registered No. B 93905

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 Canton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josef Zalonski

{Residence, if in Baltimore, Give Street and Number.} 2126 Canton av

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: November 26 1905

AGE: ..... years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ignacy Zalonski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Helen Gonatkiewicz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignac Zalonski

(Address) 2126 Canton av

Filed 9/25 1906 — HENRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 24 1906

that I last saw him alive on Sept 24 1906,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion

(DURATION) 14 DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) Sef. Szmwalski M.D.

Address 1722 S. Ann st

Date Sept 25 th 1906

Place of Burial Holy Rosary

Date Sept 26 th 1906

Undertaker Jacob Fialkowski

Address 1428 Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 93906 — Registered No. B 93906 / 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S Bethel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wachowiak

{Residence, if in Baltimore, Give Street and Number.} 616 S Bethel Ste

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 25 1906

AGE: ..... years, ... months, 5 hrs ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lepol Wachowiak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maggie Barthowiak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Wachowiak

(Address) 616 S Bond St

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Sept 25 1906

that I last saw h— alive on Sept 25 1906

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Ltn

(DURATION) 1 hr DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J J Wachowiak M.D.

Address 16 S Bethel

Date Sept 25 1906

Place of Burial Holy Rosary

Date Sept 26th 1906

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93907 Registered No. B 93907

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Fey

{Residence, if in Baltimore, Give Street and Number.} 1011 Wilcox Street

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 8 1888
AGE	18 years, 1 months, 16 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Phillip Fey
BIRTHPLACE OF FATHER (State or country)	German
MAIDEN NAME OF MOTHER	Annie C. France
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 501 N. Washington St

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 24 1906 that I last saw h~~im~~ alive on Sept 24 1906, and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address John Hopkins Hospital

Date Sept 24 1906

Place of Burial Baltimore Cemetery

Date Sept. 27 1906

Undertaker Henry Hockhe

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 93908 Registered No. B 93908

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Fowler

{Residence, if in Baltimore, Give Street and Number.} 533 N Bond

Duration of Residence in Baltimore. over 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 8. 1823

AGE 83 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER J Dorn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Dorn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno

(Address) 533 N. Bond St.

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1906 to 22nd Sept 1906 that I last saw her alive on Sept 22nd 1906, and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cond

(DURATION) 7 hours

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 7 hours

(Signed) [illegible] M.D.

Address 809 N Charles

Date Sept 22nd 1906

Place of Burial Holy Redeemer Cemetery

Date Sept 26 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93909 — Registered No. B 93909

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1050 N. Edew St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank. D. Gosman

{Residence, if in Baltimore, Give Street and Number.} 1050 N. Edew St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 9th. 1876.

AGE: 30 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Gosman

(Address) 1050 N Edew St.

Filed 9/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1906 to Sept 24th 1906 that I last saw him alive on Sept 23rd 1906, and that death occurred, on the date stated above, at 3.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Relapsing Fever

(DURATION) 1 Month DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J C Bloner M.D.

Address 1102 Eager St

Date Sept 24th 1906

Place of Burial Holy Redeemer Cemetery

Date Sept. 27 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 93910 — Registered No. B 130

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mattie McMullen

{ Residence, if in Baltimore, Give Street and Number. } Charleston West Virginia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Jas M. Hamilton

BIRTHPLACE OF FATHER (State or country): W Va

MAIDEN NAME OF MOTHER: Inisse Rhodes

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm W. Hamilton

(Address) Charleston W Va

Filed 9/25 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Sept 25 1906 that I last saw her alive on Sept 25 1906, and that death occurred, on the date stated above, at 11 20 a. m. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis following pelvic abscess.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date September 25 1906

Place of Burial Charleston W Va

Date SEP 25 1906 190

Undertaker Wm O Fry

Address 241 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93911

Ward ..... Registered No. B 93911

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name William Fisher

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 20 years at Bay View asylum

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 76 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt

(Address) BAY VIEW ASYLUM.

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 25 1906 that I last saw h alive on Sept 25 1906, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever with hemorrhage from bowel.

..... (DURATION) DAYS

Contributory (Primary) Thrombosis of Coronary Artery (DURATION) DAYS

(Signed) Walter D. Fisè M.D.

Address Bay View Hospital

Date Sept. 25 1906.

Place of Burial Baltimore Cemetery

Date Sept 26 1906

Undertaker Stewart & Mooren Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93912

Registered No. B

City of Baltimore, (No. 114 E. Barney St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Spearman.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 53 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Spearman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gillery

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Spearman

(Address) 114 E Barney St

Filed 9/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to Sept 24, 1906 that I last saw him alive on Sept 18, 1906, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Bronchitis (probably in Secondary to Gastro Intestinal Indigestion (DURATION) 90 DAYS

Contributory Syphilis (DURATION) 45 DAYS

(Signed) Thos B McDonald M. D.

Sept 24 1906 (Address) 1300 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peter | DATE OF BURIAL Sept 26 1906

UNDERTAKER John J Bowman | ADDRESS 701 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 93913 — Registered No. B 93913

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2443 Ettring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Carter

{Residence, if in Baltimore, Give Street and Number.} 2443 Ettring St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Sept 6th 1897
AGE	9 years, — months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Saml Carter
BIRTHPLACE OF FATHER (State or country)	St Marys Co Md
MAIDEN NAME OF MOTHER	Isabella Brooks.
BIRTHPLACE OF MOTHER (State or country)	Salisbury Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Carter

(Address) 2443 Ettring St

Filed 9/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 21st 1906 to Sept 24 1906, that I last saw her alive on Sept 24 1906, and that death occurred, on the date stated above, at 8 25 PM.

CAUSE OF DEATH (Secondary or Immediate.)

Gastric Fever (DURATION) 7 DAYS

Contributory (Primary.)

Bilious Malaria (DURATION) 15 DAYS

(Signed) Edward E Mastman M.D.

Address 1339 W. North Ave

Date Dalls Sept 24th 1906.

Place of Burial Mount Auburn Cemetery

Date Sept 26 1906

Undertaker Felix B. Dye

Address 102 E Mulberry st

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B 93914

93914

CERTIFICATE OF DEATH.

(Place of Death.) No. Reisterstown Pike cor Gordon Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno Veese

{Residence, if in Baltimore, Give Street and Number.} Same as above.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 30 1843

AGE 63 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Martin Veese

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W E Croggen

(Address) Reisterstown Road

Filed 9/26/06 190

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1906.

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

Heart & hemorrhage

(DURATION) DAYS

Contributory (Primary.) Nephritis

Stroke of (DURATION) DAYS

(Signed) Charles Smithmeyer M.D.

Address 1418 N. Charles

Date Sept 27 1906.

Place of Burial Western Cemetery

Date Sept 26 1906

Undertaker John E Haupt

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

93915 Registered No. B 93915

CERTIFICATE OF DEATH.

(Place of Death.) No. *146 N Broadway St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary J. McClintock

{ Residence, if in Baltimore, Give Street and Number. } *146 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15th 1854

AGE 52 years, 6 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Thos. Moore

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sophia Weishtack

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. McClintock

(Address) *146 N Broadway

Filed 9/26 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 24 1906 190

I HEREBY CERTIFY, That I attended deceased from Aug 23 1906 to Sept 24 1906

that I last saw h[illegible] alive on Sept 24 1906

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

about 2 months (DURATION)

Contributory (Primary.)

(DURATION)

(Signed) M. Baskerville M.D.

Address 1129 W. North Ave

Date Sept 25 1906 190

Place of Burial Loudon Park Cem.

Date SEP 26 1906 190

Undertaker [illegible]

Address 421 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 93916 — Registered No. B 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 South Eden St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meyer Annie (Annie Meyer)

{Residence, if in Baltimore, Give Street and Number.} 126 South Eden Street

Duration of Residence in Baltimore. on visit here

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	December 10 1902
AGE	3 years, 9 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Morris Meyer
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Plotzky
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant McGinnis & Carroll

(Address) 218 Asquith St

Filed 9/26 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1906

I HEREBY CERTIFY, That I attended deceased from September 23 1906 to September 24 1906 that I last saw her alive on September 23 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Scarlet fever & Diphtheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. E. A. Meyer M.D.

Address 1618 Madison Ave

Date 10/24/06. 190

Place of Burial Bnai Israel Cemetery

Date September 26 1906

Undertaker McGinnis & Carroll

Address 218 Asquith Street

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93917

City of Baltimore, (No 739, Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert C Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	January (Month) 8th (Day) 1906 (Year)
AGE	47 years, 8 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Edward Myers
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Mary E. Stall
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md.
OCCUPATION OF DECEASED	Brushmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. R. Myers

(Address)

Filed 9/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 25 1906 that I last saw h in alive on Sept 24 1906, and that death occurred, on the date stated above, at 3 45 P. M. The CAUSE OF DEATH was as follows:

Brights

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Leonard E Brack M. D.

Sept 27 1906 (Address) 537 Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemt	Sept 27 1906
UNDERTAKER	ADDRESS
E. J. Fanning	1460 Battery ave

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

4

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 93918 — Registered No. B 93918

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1409 Anthony St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hoerl

{Residence, if in Baltimore, Give Street and Number.} 1409 Anthony St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR W.

DATE OF BIRTH Oct 1 1906

AGE 79 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Hoerl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — Hoerl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Hoerl

(Address) 1409 Anthony St

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 25 1906 that I last saw h— alive on Sept 24 1906 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

General ailment
Senile old age

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Venturi M.D.

Address 1 E Baltimore

Date Sept 25 1906

Place of Burial Sweet Home

Date Sept 28 1906

Undertaker Wendell Dippel

Address 330 S. Bond St

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 93919 — Registered No. B 93919

CERTIFICATE OF DEATH.

27

Place of Death.) No. 419 S Carrollton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Timothy Quinn

{Residence, if in Baltimore, Give Street and Number.} 419 S Central Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Timothy Quinn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF

(Informant) Father T. Quinn

(Address) 419 S Central Ave.

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23rd 1906

I HEREBY CERTIFY, That I attended deceased from about April 1906 to Sept 23rd 1906

that I last saw him alive on Sept 23d 1906,

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis (DURATION) 12-0 DAYS

(Signed) [illegible] M.D.

Address 29 N Charles

Date Sept 25th 1906

Place of Burial Holy Cross

Date Sept 26 1906

Undertaker Wendell Dysart & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 11 93920 Registered No. B 93920

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 E Madison St St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Robert Todd.

{ Residence, if in Baltimore, Give Street and Number. } 308 E Madison St

Duration of Residence in Baltimore. 14 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 11, 1906

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Todd.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Whitejohnson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Todd

(Address) 308 Madison St

Filed 9/26 1906 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 25 1906

that I last saw him alive on Sept 25 1906

and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus.

———

(DURATION) 14 DAYS

Contributory (Primary) Cystitis.

(DURATION) 1 DAYS

(Signed) C. C. Conley M.D.

Address Md. Gen'l Hospital

Date Sept 25, 1906

Place of Burial London Park Cem

Date Sept 26th 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 93921 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Benjamin McCulloh

{Residence, if in Baltimore, Give Street and Number.} 266 Hickory Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas McCulloh

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. E. Chenoweth

(Address) 919 3rd Ave

Filed 9/26/06 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1906 to Sept 26, 1906 that I last saw h[illegible] alive on Sept 26 1906, and that death occurred, on the date stated above, at 2-00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

Hemorrhages, (DURATION) — DAYS

Contributory (Primary.) Hemorrhages.

1 week (DURATION) — DAYS

(Signed) C. E. Langley, M.D.

Address Md. Gen. Hospital

Date Sept 26, 1906.

Place of Burial St Mary's Hampden

Date Sept 27 1906

Undertaker P. E. Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 93922

93922

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George E Day

{Residence, if in Baltimore, Give Street and Number.} 1325 N. Eden St.

Duration of Residence in Baltimore. 46 5/12 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	February 9th 1859.
AGE	46 years, 7 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo. A. Day
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Eliza J. Pencock
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Photographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Harry E. Day

(Address) 1506 Hoffman St

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24th 1906.

I HEREBY CERTIFY, That I attended deceased from July 24th 1906 to Sept. 24th 1906

that I last saw him alive on Sept. 24th 1906

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

3 (DURATION) DAYS

Contributory (Primary) Nephritis Combined. — (DURATION) DAYS

2 weeks

(Signed) H. A. Meyer M.D.

Address 1031 N. Carolina St.

Date September 25th 1906.

Place of Burial LOUDON PARK SEP 27 1906

Date 190

Undertaker Armstrong Denny Co. 715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 93923 Registered No. B 93923

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Franklin Keith

{Residence, if in Baltimore, Give Street and Number.} 1106 Harford Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	Jan. 13 1901
AGE	5 years, 8 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm. F. Keith
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Mary A. W. Boothe
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A.W. Keith

(Address) 1106 Harford Ave.

Filed 9/26 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25th, 1906

I HEREBY CERTIFY, That I attended deceased from September 21st 1906 to Sept. 25th 1906 that I last saw him alive on Sept. 24th 9 p.m. 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) 2 DAYS

Contributory (Primary.) Acute Meningitis

(DURATION) 4 DAYS

(Signed) Wilmer Brinton M.D.

Address S.W. Cor. Calvert & Preston Sts.

Date Sept. 25-th 1906

Place of Burial Druid Ridge Cemetery

Date Sept 27, 1906

Undertaker Henry H. Means & Sons

Address 505 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 93924

City of Baltimore, (No. Franklin Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

~~BIRTHPLACE~~ (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. A. Gibson

(Address) 1900 Eutaw [illegible]

Filed 9/26 1906

HARRY C. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 25th, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 26th, 1906 to Sept. 24th 1906

that I last saw him alive on Sept. 24th 1906,

and that death occurred, on the date stated above, at 5:30 A.M. The CAUSE OF DEATH was as follows:

Arteriosclerosis
Disease of Heart
(Mitral)

..... (DURATION) 1 mo. 3 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. S. Bramhall M. D.

9-26 1906 (Address) Franklin Square Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Tolchester Beach — How long at Place of Death? 9 Days (2 mos. 2)

Where was disease contracted, if not at place of death? Unknown

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Tolchester Md	Sept. 27 1906
UNDERTAKER	**ADDRESS**
C. H. McCormick	1729 W. Lombard 21

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 Registered No. B 93925

93925

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 Ridgwood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Slyder

{Residence, if in Baltimore, Give Street and Number.} 1928 Ridgwood ave

Duration of Residence in Baltimore. Since Birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wilber Slyder

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Jennie Thompson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur Slyder

(Address) 1928 Ridgewood ave

Filed 9/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1906 to Sept 25th 1906 that I last saw her alive on Sept 24th 1906, and that death occurred, on the date stated above, at 10.30 AM. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Infantile atrophy (DURATION) 70 DAYS

(Signed) Robt. G. L. Lumpkin M.D.

Address 117 N. Fulton ave

Date September 26th 1906

Place of Burial New Cathedral

Date Sept 26 1906

Undertaker M. Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 93926 — Registered No. B 93926

CERTIFICATE OF DEATH.

(Place of Death.) No. 139 N Carey St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lucas Babanitz (Babanitz)

{Residence, if in Baltimore, Give Street and Number.} 139 N Carey

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: May 25 1905

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Babanitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susanna Babanitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Bolonitz

(Address) 139 N Carey

Filed 9/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 25 1906

that I last saw h[illegible] alive on Sept 25 1906

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wilson M.D.

Address 16 S Broadway

Date Sept 26 1906

Place of Burial Holy Redeemer

Date Sept 26 1906

Undertaker Wendell Dippel & Son

Address 37 S Mun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93927

Registered No. B.....

City of Baltimore, (No. 2029 St. Paul St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marton J. Bullock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 30 (Day) 1858 (Year)

AGE: 48 years, 10 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maine

FULL NAME OF FATHER: Francis S. Bullock

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maine

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Bullock

(Address) 2029 St. Paul St.

Filed 9/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 25th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1906 to Sept. 25th 1906 that I last saw him alive on Sept. 22nd 1906, and that death occurred, on the date stated above, at 10.15 A. M. The CAUSE OF DEATH was as follows:

Heart Failure.

(DURATION) DAYS

Contributory Cirrhosis of Liver.

(DURATION) DAYS

(Signed) Chas. E. Brack M. D.

Sept. 25th 1906 (Address) 500 E. 20th.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 27 1906

UNDERTAKER: W. J. Tickner & Son — ADDRESS: Eutaw & Pacca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

93928

CERTIFICATE OF DEATH.

(Place of Death.) No. 2706 W. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Regina C. Richardson

{ Residence, if in Baltimore, Give Street and Number. } 2706 W Lafayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William H. Richardson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary E. A. Connor

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John J. Fields.

Address: 1200 W. Lombard st

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 25 1906

that I last saw her alive on Sept 25 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward J. London M.D.

Address 1403 W Fayette st

Date Sept. 25 1906

Place of Burial St. Peters Cemty

Date Sept 26th 1906

Undertaker John J. Fields

Address 1200 W. Lombard st

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 93929 — Registered No. B 93929

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Sell Ford

{Residence, if in Baltimore, Give Street and Number.} 1223 N. Central Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Sept. 16 Y. 1906

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Vincent F. Ford

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Catherine E. Sell

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1223 N. Central Ave.

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Sept 26 1906

that I last saw h.. alive on Sept 25 1906,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R. C. Elwell M.D.

Address 1201 Harford Ave

Date September 26 1906

Place of Burial Baltimore Cemetery

Date Sep 26 1906

Undertaker Henry Kreck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 93930

City of Baltimore, (No. 408 N. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Campbell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March (Month) 8 (Day) 1884 (Year)

AGE: 22 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George Bell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosie Compton

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Washington (Mother)

(Address) 408 N. Eden St

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 24th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1906 to Sept 24 1906

that I last saw h[er] alive on Sept 22 1906,

and that death occurred, on the date stated above, at 12-30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. Wimsey M. D.

Sept 25 1906 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Sept 26 1906

UNDERTAKER: Chas H. Bailey — ADDRESS: 142 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93931

93931

Registered No. B .....

City of Baltimore, (No. 30 E Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilson Stephenson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 30 (Day) 1905 (Year)

AGE: 1 years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Norfolk Va

FULL NAME OF FATHER: Alfred D Stephenson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliz G. Moore

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter S Moore

(Address) 30 E Lanvale St

Filed 9/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 9th (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1906 to Sept. 25 1906 that I last saw him alive on Sept. 25 1906, 5.30 P.M. and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) 6 DAYS

Contributory Acute Meningitis

+ Convulsions (DURATION) 1 DAYS

(Signed) E. Fowlie Ingle M. D.

Sept. 25 1906 (Address) 1007 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Norfolk Va

DATE OF BURIAL: Sept 27 1906

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93932 Registered No. B 93932

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 136 Talbot St. Waverly Balto. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moses Smith.

{Residence, if in Baltimore, Give Street and Number.} 136 Talbot St. Baltimore Md. Waverly

Duration of Residence in Baltimore. abut 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Moses Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sukey Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother C. Chapman Smith

(Address) 136 Talbert St. Waverly

Filed 9/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Sept 25 1906 that I last saw him alive on Sept 25 1906, and that death occurred, on the date stated above, at 8 PM.

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis.

Heart disease

6 Months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Henry Whittle M.D.

Address 906 Gorsuch Ave

Date Sept 26 1906

Place of Burial Laurel

Date Sept 27 1906

Undertaker P. T. Elliott

Address 506 Roseville Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5

Registered No. B 93933

93933

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1304. E. Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emylia Guzas

{Residence, if in Baltimore, Give Street and Number.} 1304. E. Pratt St.

Duration of Residence in Baltimore. One Month

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female

COLOR White

DATE OF BIRTH July 31 1906

AGE ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Allegany Pa

FULL NAME OF FATHER Vincent Guzas

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Emilija Feper

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Guzas

(Address) 1304 E Pratt St

Filed 9/26 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to ..... 190.....

that I last saw h[illegible] alive on Sept 22 1906,

and that death occurred, on the date stated above, at 2.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

I have only visited the) Children (DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Baltimore St

Date Sept. 26 1906

Place of Burial St Stanislaus

Date September 27 1906

Undertaker Jacob Frankowski

Address 420 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 93934 Registered No. B 93934

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 516 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Gleimer

{ Residence, if in Baltimore, Give Street and Number. } 516 S Bdwy —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 3 1833

AGE 58 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Gleimer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Leitz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Gleimer

(Address) 516 S. Broadway

Filed 9/26 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept - 14 1906 to Sept 24 1906

that I last saw h— alive on " 14 1906,

and that death occurred, on the date stated above, at 9 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dis - Valvular —

17 — (DURATION) DAYS

Contributory (Primary.) Cardiac Dropsy

(DURATION) DAYS

(Signed) H C Byrnes M.D.

Address 1713 Bank St

Date Sept - 25 / 06 1906

Place of Burial Holy Redeemer Cem

Date Sept. 27 1906

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Baltic Sts and 1708-1710 Carlton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93935

City of Baltimore, (No. 32 E. 26. St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Leo Scalley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 11 (Day) 1906 (Year)

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Leo Scalley

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Catherine Finn

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Scalley

(Address) 32 E 26 St

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 26 1906 that I last saw h Sept alive on 22 1906, and that death occurred, on the date stated above, at a M. The CAUSE OF DEATH was as follows:

Mal-Nutrition (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) H. St. Fan M. D.

Sept 26 1906 (ADDRESS) 12 E. 25 St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cy	Sept 27 1906
UNDERTAKER	ADDRESS
Edward A Byrne	302 N Gay

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 93936 Registered No. B 93936

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Schofpert

{Residence, if in Baltimore, Give Street and Number.} 2118 Hollins st.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: — / —

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): W. Virginia

FULL NAME OF FATHER: Hiram Tarrson

BIRTHPLACE OF FATHER (State or country): Winchester

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter M Haywood

(Address) 2118 Hollins St

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Sept 24th 1906

that I last saw her alive on Sept 24th 1906,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or immediate

Uraemic Coma

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 100 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St.

Date Sept. 25th 1906

Place of Burial London Park Cemetery

Date Sept. 27th 1906

Undertaker Geo. A. Gerbig

Address 14 S Pulaski St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... U... give ...s

SEX 7...

DATE ...

AGE ...

SINGL... WIDOW...

BIRTH (State ...

FULL ... OF FA...

BIRTH... OF FA... (State ...

MAIDE... OF MO...

BIRTH... OF MO... (State ...

OCCUP... OF DE...

THE AB... BEST ...

(Inform...

Filed 9/2...

Ward 15 — 93937 — Registered No. B 93937 — 46

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Lennox St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Drummer

{Residence, if in Baltimore, Give Street and Number.} 608 Lennox St.

Duration of Residence in Baltimore. all his Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: May 21st 1846

AGE: 60 years, 4 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Armstrong Crummer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sara Crook

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Manager The Sun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward P. Drummer

(Address) 608 Lennox St.

Filed 9/27 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1906

I HEREBY CERTIFY, That I attended deceased from May 3 1906 to Sept 26th 1906

that I last saw him alive on Sept 26 1906,

and that death occurred, on the date stated above, at 1-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation Heart

5 hours (DURATION) ~~DAYS~~

Contributory (Primary.) Gout & Arterio Sclerosis 3 yrs (DURATION) ~~DAYS~~

(Signed) C B Grasty M.D.

Address 269 N Bentalou St

Date Sept 26th 1906

Place of Burial Druid Ridge Cem

Date September 28th 1906

Undertaker H W Jenkins Undertaking Co

Address 233 N Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93938

Registered No. B .....

City of Baltimore, (No. City Hospital St., ward Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Chase

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/27 1906 HARRY O. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ...,

and that death occurred, on the date stated above, at 8-45 P. M. The CAUSE OF DEATH was as follows:

Uremia

(DURATION) — DAYS

Contributory .....

(DURATION) — DAYS

(Signed) Benj. S. Hopkins M. D.

Sept 25 1906 (Address) 216 N Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... HOSPITAL

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS

DATE OF BURIAL: SEP 26 1906

UNDERTAKER: Commissioner Health

ADDRESS:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 93939 — Registered No. B 93939

54

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jennie Bonner

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Mulatto
DATE OF BIRTH: Sep. 19 1905	
AGE: 1 years, 0 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unk	
BIRTHPLACE OF FATHER (State or country): Unk	
MAIDEN NAME OF MOTHER: Unk	
BIRTHPLACE OF MOTHER (State or country): Unk	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 29 1906 to Sept. 25 1906

that I last saw h living alive on Sep 24 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Unknown

(DURATION) 1 mo. DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Sep. 25 1906

JOHNS HOPKINS HOSPITAL
SEP 26 1906

Place of Burial

Date 190

HARRY O. ANDREWS,
PERMIT CLERK

Undertaker

Address Commissioner Health.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

93940

Registered No. B 93940

78

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Church Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph S. Keim

{ Residence, if in Baltimore, Give Street and Number. } ~~Litz~~ 912 Church Ct. Litz.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 4 1862

AGE 42 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John B Keim

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Brodbeck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Keim (Brother)

(Address) 912 Church Ct

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Sept 27th 1906 that I last saw h~~im~~ alive on Sept 25th 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis
et asthenia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCauley M.D.

Address 656 W Franklin St

Date Sept 27nd 1906

Place of Burial ~~Holy Redeemer~~ Holy Redeemer

Date Sept 28 1906

Undertaker Cunningham & Lang Co

Address 121 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 93941

93941

136

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Goldie Samuels

{ Residence, if in Baltimore, Give Street and Number. } 407 E Pratt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 27 ? years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Europe.

FULL NAME OF FATHER Uncle Eisselman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Schindelman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Schulman

(Address) 142 E. Fayette st

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 23rd 1906 to Sept. 26th 1906 that I last saw her alive on Sept. 26th 1906 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Retained dead macerated Child — Operation for delivery — Shock — hemorrhage. from Retained Placenta. (Mania) (DURATION) DAYS

Contributory (Primary) Severe Anemia (DURATION) DAYS

(Signed) W A Dorsey M.D.

Address City Hospital

Date September 26th 1906

Place of Burial Philips Rd Rosedale

Date Sept 27 1906

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the *cause and date of death*, notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93942

166

Registered No. B 93942

City of Baltimore, (No. 1 Baltimore & Payson Sts / Germania Aged Home St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Becker (Becker).

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept 12 1830 (Month) (Day) (Year)
AGE	75 years, 11 months, — days
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Hessen Darmstadt
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lange

(Address) Germania Aged Home

Filed 9/27 1906 Registrar

HARRY J. ANDREWS
REGISTRAR OF VITAL STATISTICS

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Sept 27 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 27 1906 that I last saw h[im] alive on Sept 27 1906, and that death occurred, on the date stated above, at 5½ P. M. The CAUSE OF DEATH was as follows:

Gastroenteritis

(DURATION) 12 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Dr. J. Reinhard M. D.

Sept 28 1906 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cem	Sept 28 1906
UNDERTAKER	ADDRESS
Jas B Cook	1003 W Balto St

20 154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93913

City of Baltimore, (No. Baltimore Harlem Sts German Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna W. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sep (Month) 12 (Day) 1813 (Year)
AGE	93 years, — months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Calvert Co Md
FULL NAME OF FATHER	Thomas Turner
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Elizabeth —
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ranger

(Address) German Aged Home

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 26th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1906 to Sept 26th 1906 that I last saw her alive on Sept 25th 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Complication of diseases

(DURATION) 25 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Dr Reinhard M. D.

1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sep 27 1906
UNDERTAKER Jos B. Cook	ADDRESS 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 93944 — Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Paul Seymour

{ Residence, if in Baltimore, Give Street and Number. } Easton Md.

Duration of Residence in Baltimore. (1 Yr.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch 20 1905

AGE: 1 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Easton Md

FULL NAME OF FATHER: Robert H Seymour

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie R Seymour

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt H Seymour

(Address) Easton Md

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 till death 1906

that I last saw him alive on Sept 26 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Arthemia

(DURATION) 10 minutes

Contributory (Primary.) Marasmus

(DURATION) 2 months

(Signed) R. L. Mitchell M.D.

Address University Hospital

Date September 26th 1906

Place of Burial Easton Md

Date Sep 27 1906

Undertaker Jos B. Cook

Address 1013 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 93945 — Registered No. B 93945

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert McElwee

{ Residence, if in Baltimore, Give Street and Number. } 417 N. Port st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	December 7 1882
AGE	23 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	New Jersey
FULL NAME OF FATHER	M. McElwee
BIRTHPLACE OF FATHER (State or country)	Balto County Md
MAIDEN NAME OF MOTHER	Emma Nelson
BIRTHPLACE OF MOTHER (State or country)	Harford County Md
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine McElwee

(Address) 417 N. Port st

Filed 9/27 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 27 1906

that I last saw h- alive on 11 27 1906,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Guilford Ave

Date Sept. 27 1906

Place of Burial Mt Carmel Cemetery

Date Sept 30th 2 P.M. 1906

Undertaker Christian Miller

Address Jefferson st & Monument ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 1

Registered No. B 93946

93946

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Dawson Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Brogden

{Residence, if in Baltimore, Give Street and Number.} 222 Dawson Al

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ——— 1858

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Jaska Adams.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Louisa Adams

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brogden

(Address) 222 Dawson St.

Filed 9/27 1906

Registrar

HARRY D. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sept 25th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19th 1906 to Sept 25th 1906 that I last saw her alive on Sept 25th 1906, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 N. Booth av

Date Sept 26th 1906

Place of Burial Mt Zion Cemtary

Date Sept 27 1906

Undertaker Gerseth Hooper

Address 609 Little Pakart

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

93947 Registered No. B 93947 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Sirio.

{ Residence, if in Baltimore, Give Street and Number. } 523 Saratoga St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: July. 28th 1906

AGE: 1 year, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Salvator Sirio.

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Grazia Bruta

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvator Sirio.

(Address) 523½ Saratoga St.

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1906 to Sept. 26th 1906 that I last saw h[illegible] alive on Sept 26th 1906, and that death occurred, on the date stated above, at 11-P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia -

(DURATION) 3 DAYS

Contributory (Primary.) Broncho Pneumonia. (DURATION) 16 DAYS

(Signed) S. D'Amaco M.D.

Address 1604 Linden ave

Date Sept 27 - 1906

Place of Burial St. Vincents

Date Sept 27 1906

Undertaker Felix B. Pyle

Address 1028 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93948

City of Baltimore, (No. 208 N Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Blackston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) (Day) 1 (Year)

AGE: ..... years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown Taken Child to Raise

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Blackman

(Address) 208 N Bethel St

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 24 1906 that I last saw h[illegible] alive on Sept 24 1906, and that death occurred, on the date stated above, at 3 M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) — DAYS

Contributory Marasmus

(DURATION) — DAYS

(Signed) John Roth M. D.

Sept 27 1906 (Address) Falls, Eastern Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Sept 28 1906

UNDERTAKER: N T Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 8 — 93949 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Holmes

{Residence, if in Baltimore, Give Street and Number.} 1917 Horn Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jacob H Holmes

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jane Lias

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother Paul Holmes

(Address) Govenstown Md

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 25 1906 that I last saw h~~im~~ alive on Sept 25 1906, and that death occurred, on the date stated above, at 1 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Cullen M.D.

Address Johns Hopkins Hospital

Date Sept 1906

Place of Burial H. Fauquier co va Catlett Station va

Date Sept - 28 th 1906

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 93950 — Registered No. B 93950

CERTIFICATE OF DEATH.

(Place of Death.) No. 2912 O Donnell St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Fleischman

{Residence, if in Baltimore, Give Street and Number.} 2912 O Donnell St

Duration of Residence in Baltimore. about 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: — — 1834

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ursula Fleischman

(Address) 2912 O Donnell St.

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25th 1906

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to Sept. 25 1906

that I last saw h.. alive on Sept. 25 1906,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) — DAYS

Contributory (Primary.)

Debility (DURATION) 4 4 Mo. DAYS

(Signed) M. J. McEwen M.D.

Address 839 S. Caroline St

Date Sept. 26th 1906

Place of Burial Sacred Heart Cemetery

Date Sept. 28th 1906

Undertaker Germanus Thomas

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 93951 Registered No. B 93951

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1 N. Bradford St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Barbara Ericks

{Residence, if in Baltimore, Give Street and Number.} 1 N. Bradford St.

Duration of Residence in Baltimore. Germany

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 23rd 1836

AGE: 70 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nicholaus Vogel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Schmitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara D G Ericks

(Address) 1 N. Bradford St.

Filed 9/27 1906 HARRY C. ANDREWS, PERLEY CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 27 1906 that I last saw h[illegible] alive on " " 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

1 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Shickmall M.D.

Address 614 N Patterson Pk Ave

Date Sept 27 1906

Place of Burial Holy Redeemer Cemetery

Date Oct 1st 1906

Undertaker Germanus Thaner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 93952 — Registered No. B 93952 — 4

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rex Sweedie

{Residence, if in Baltimore, Give Street and Number.} Belfast Ireland

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not known 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Belfast

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Donnagy

(Address) Atlantic Transport Co

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Sept 26 1906 that I last saw him alive on " 26 1906 and that death occurred, on the date stated above, at 4 30 P M. CAUSE OF DEATH (Secondary or Immediate)

Pyemia

(DURATION) DAYS

Contributory (Primary) Malonie (Carcinoma)

(DURATION) DAYS

(Signed) R. P. Day M.D.

Address University Hospital

Date Sept 26th 1906

Place of Burial Mount Carmel Cem

Date Sept 28, 1906

Undertaker John A Dwyer

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

154

93953

Registered No. B.....

City of Baltimore, (No. 118 W Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth M Bair

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Nov. (Month) 1 (Day) 1809 (Year)

AGE: 97 years, 10 months, 27 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Frantz Hendrickson

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: — Crone

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Peter Eliza S Bair

(Address) 118 W Lexington St

Filed 9/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Sept 24 1906 that I last saw h 2 weeks ago alive on ..... 1906., and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Senile Decay
(Old age)

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Hall Pleasants M. D.

Sept 27 1906 (Address) 609 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Sept 28 1906

UNDERTAKER: Wm Cook

ADDRESS: 507 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the cause and date of death.

Ward 6 — 93954 — Registered No. B 93954

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 223 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hudson

{Residence, if in Baltimore, Give Street and Number.} 223 N Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Bueto

FULL NAME OF FATHER John Hudson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lily Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hudson

(Address) 223 N Dallas st

Filed 9/27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lee J R Carnes M.D.

Address Jones Mill

Date Sept 26-06 1906

Place of Burial Laural Cemetary

Date Sept 27 1906

Undertaker John W Henderson

Address 21 N Caroline st

BARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

93955 Registered No. 45

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Jacobi

{Residence, if in Baltimore, Give Street and Number.} 1605 West Lexington Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	December 2. 1870
AGE	35 years, 9 months, 23 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Helen Bloom
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jacobi

(Address) 1605 W Lexington st

Filed 9/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to Sept 25 1906

that I last saw h in alive on Sept 25 1906,

and that death occurred, on the date stated above, at 1040 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of the Pancreas

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm A. Fisher Jr M.D.

Address Johns Hopkins Hospital

Date Sept 26 1906

Place of Burial Loudan Park

Date Sept 28 1906

Undertaker E Madison Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

93956

Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Kelley

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 1836

AGE: 69 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Kelley

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Gothley

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerc

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 9/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 26 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 23d 1906 to Sept. 26th 1906, that I last saw h alive on 1906, and that death occurred, on the date stated above, at 11.30 p. m. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 4 DAYS

Contributory (Primary.) Nephritis

(DURATION) 2 DAYS

(Signed) E. Hempel, M.D.

Address 1103 Valley St

Date Sept. 27th 1906.

Place of Burial St Peters Cem.

Date Sept 27th 1906

Undertaker H. G. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93957

Registered No. 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Light St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Zachariah Beutz

{Residence, if in Baltimore, Give Street and Number.} 718 Light St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1857

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland Co. Md

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie R Beutz.

(Address) 718 Light St

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 ½ 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Sept 26 1906

that I last saw h[illegible] alive on Sept 26 1906

and that death occurred, on the date stated above, at 2:30 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma & Bronchitis

(DURATION) 48 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas H Wilson M.D.

Address Snowhill Worc Co Md

Date Sept 27 ½ 1906

Place of Burial Western Cem

Date Sept 28 1906

Undertaker Wm Cook

Address 502 E North Ave

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALT...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 93958

City of Baltimore, (No. 1803 N. Hope St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna V. Etzel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 22nd (Day) Sept (Month) 1905 (Year)

AGE: 1 years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John L. Etzel

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Minnie Guenthner

BIRTHPLACE OF MOTHER (State or country): Germany. (Saxony

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Etzel

(Address) 1503 N. Hope St

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 26 (Day) Sept. (Month) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1906 to Sept 26 1906 that I last saw h[illegible] alive on Sept 26 1906, and that death occurred, on the date stated above, at 11.55 P. M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

Sept 8 to Sept 26 (DURATION) 18 DAYS

Contributory Teething

(DURATION) 14 DAYS

(Signed) G. C. E. Togles M. D.

Sept 27 1906 (Address) 1232 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 29 1906

UNDERTAKER: W. Fun Cook — ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Register... 93959

CERTIFICATE OF DEATH.

166

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. DiPaula

{Residence, if in Baltimore, Give Street and Number.} 423 E. Lexington st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH — 1896

AGE 10 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Sam C. DiPaula

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosa Bautani

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bautani

(Address) S. H. Barre — St.

Filed 9/29 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Same 1906

that I last saw h — alive on — 1906 —,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain

(DURATION) — DAY

Contributory (Primary.) accidental fall

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline st

Date Sept. 27, 1906

Place of Burial Balto. Cem. ✓

Date Sept. 28. 1906

Undertaker M. Doyle & Son

Address 176 Lee. st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93960 Registered

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Clarkson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgana Gibson

{Residence, if in Baltimore, Give Street and Number.} 1123 Clarkson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Abraham Gibson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Williams

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Gibson

(Address) 1123 Clarkson St

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 1906.

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Sept 26 1906

that I last saw her alive on Sept 26 1906,

and that death occurred, on the date stated above, at 7.10 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Edward Smith M.D.

Address 528 Lanvale St.

Date Sept 27. 06. 1906

Place of Burial Mt Auburn

Date Sept 28. 1906

Undertaker John H. Toadvine

Address 206 Mitchell St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended (during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended (during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93961

City of Baltimore, (No. 1406 N Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Lavina Margaret Michael

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 23 1848 (Month) (Day) (Year)
AGE	58 years, 8 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	West Virginia
FULL NAME OF FATHER	John Michael
BIRTHPLACE OF FATHER (State or country)	West Virginia
MAIDEN NAME OF MOTHER	Charlotte Forbes
BIRTHPLACE OF MOTHER (State or country)	Native
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Michael

(Address) 1406 N Gilmor St.

Filed 9/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1905 to Sept 26 1906

that I last saw her alive on Sept 26 1906,

and that death occurred, on the date stated above, at 9.20 P. M. The CAUSE OF DEATH was as follows:

Cancer of breasts
Operated & returned

15 Months (DURATION) DAYS

Contributory Dropsy & Heart Trouble

2 & 3 Months (DURATION) DAYS

(Signed) E L Smith M. D.

Sept. 26th 1906 (Address) 1005 N North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park. DATE OF BURIAL Sept. 29 1906

UNDERTAKER Josiah Dyson & Son ADDRESS 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

~~1906~~ 2 ~~1845~~

CERTIFICATE OF DEATH.

Registered No. B 93962

City of Baltimore, (No. 723, Gorsuch av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Burrett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 23 (Day) 1845 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore,

FULL NAME OF FATHER: Alexander McDonald

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ramsay

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekpr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. T. Burrett

(Address) 723 Gorsuch av.

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to Sept 27 1906

that I last saw her alive on Sept 26 1906,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

General tuberculosis

one year (DURATION) DAYS

Contributory ... (DURATION) ... DAYS

(Signed) C. Edward Lawney M. D.

Sept 27 1906 (Address) 837 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Johns Woods

DATE OF BURIAL: Sept 29 1906

UNDERTAKER: E. G. Knight

ADDRESS: 211 S Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 93963 Registered No. .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1109 Ething St St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Mary E Upshur

{ Residence, if in Baltimore, Give Street and Number. } 1109 Etting St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Color'd

DATE OF BIRTH ..... 1 .....

AGE ..... years, 66 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Dickerson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER ' ' ' '

BIRTHPLACE OF MOTHER (State or country) ' ' ' '

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emeley J Hancock

(Address) 1109 Etting St

Filed 9/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Augst 18 1906 to Sept 27 1906 that I last saw her alive on Sept 26 1906 and that death occurred, on the date stated above, at 12 15 a.m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Mascular rheumatism of the Heart (DURATION) 38 DAYS

(Signed) Allen E Huck M.D.

Address 647 N Lafayette Ave

Date Sept 27 1906

Place of Burial Mt Auburn

Date Sept 29 1906

Undertaker Alex H Ensley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93964 Registered No. B 93964

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hogan

{ Residence, if in Baltimore, Give Street and Number. } 1300 Scott St.

Duration of Residence in Baltimore. ~~Life~~ 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	
AGE	49 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

Informant F. M. C. N. Wagner

(Address) 1436 Eastern Ave.

Filed 9/28 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27, 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1906 to Sept 27, 1906 that I last saw him alive on Sept 26, 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 25 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tomkins M.D.

Address 653 Columbia Ave

Date Sept. 27, 1906.

Place of Burial Cedar Hill Bowie

Date Sept 29 1906

Undertaker Wm J. Tickner & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE

1936 December 11

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9

93965 Registered 93965

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 E. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Katherine Ross Ricks

{Residence, if in Baltimore, Give Street and Number.} 2940 Huntington Ave

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 6 1878

AGE: 28 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Charles M. Jelleff

BIRTHPLACE OF FATHER (State or country): Cincinnatti

MAIDEN NAME OF MOTHER: Mary E. Rusk

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. L. Ricks

(Address) 702-E. 20th St

Filed 9/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 26 1906 that I last saw her alive on Sept 26 1906, and that death occurred, on the date stated above, at 2.05

11. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia causing Anasarca

(DURATION) 26 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 1100 E. Biddle

Date Sept 27 1906

Place of Burial New Cathedral

Date September 29 1906

Undertaker Horace Burgee

Address 3621 Falls Road

HARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93966

City of Baltimore, (No. 1411 Fayette Ave. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T. Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 21 or 1966 (Month) (Day) (Year)

AGE: 61 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John P. Turner

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rose Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Chillingsworth

(Address) 1411 Fayette

Filed 9/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 23rd 1906 to Sept. 27th 1906 that I last saw him alive on Sept. 27th 1906, and that death occurred, on the date stated above, at 7.15 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis

unknown (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Wm. Bardenheier M. D.

Sept. 28 1906 (Address) 700 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Sept. 30 1906

UNDERTAKER: H. Fahey & Sons | ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

93967 Registered No. B 93967

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 E Hughes Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Kane

{Residence, if in Baltimore, Give Street and Number.} 130 E Hughes Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 14 1871
AGE	35 years, 6 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Kane
BIRTHPLACE OF FATHER (State or country)	Brooklyn N.Y.
MAIDEN NAME OF MOTHER	Catherine Corbitt
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Kane

(Address) 130 E. Hughes ave

Filed 9/28 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Sept 26 1906

that I last saw h im alive on Sept 26 1906,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

1 month (DURATION) DAYS

Contributory (Primary) Ascites

(DURATION) DAYS

(Signed) H. M Webster M.D.

Address Chas Co. Md.

Date Sept 26th 1906

Place of Burial Cathedral Cemetery

Date Sept 28 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 — 93968 — Registered No. B 93968

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 822 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Cole

{Residence, if in Baltimore, Give Street and Number.} 822 Raborg St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored.
DATE OF BIRTH	May 11 - 1885
AGE	21 years, 4 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Henson Cole.
BIRTHPLACE OF FATHER (State or country)	Carroll Co Md
MAIDEN NAME OF MOTHER	Susan Matthews.
BIRTHPLACE OF MOTHER (State or country)	Carroll Co. Md
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henson Cole

(Address) 822 Raborg St

Filed 9/25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24th 1906 to Sept 26th 1906

that I last saw h. alive on Sept 26 1906,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) Unknown

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 W. Baltimore

Date Sept 27th 1906

Place of Burial Mt. Zion

Date Sept 28 1906

Undertaker Alfred J. Fruland

Address 106 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 93969 — Registered No. B 93969

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 S. Paca st — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Stacey Rokitzy

{Residence, if in Baltimore, Give Street and Number.} 219 S. Paca st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: May 3 1906

AGE: 0 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ignus Rokitzy

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geoge Joerdens

(Address) 217 S. Paca st.

Filed 9/28 1906 — SRC — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1906 to Sept 27 1906

that I last saw h er alive on Sept 26 1906

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Acute Gastro — Enteritis (DURATION) 4 DAYS

(Signed) A. B. Freeman M.D.

Address 623 Columbia Ave.

Date Sept 27th 1906

Place of Burial Mt Repose Cem

Date Sept 29 1906

Undertaker Jos. Joerdens Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 93970

Registered No. B.....

City of Baltimore, (No. 1301, Hanbert St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Gillen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 19 (Day) 1903 (Year)

AGE: 3 years, 5 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Joseph Bernard Gillen

BIRTHPLACE OF FATHER (State or country): New York City

MAIDEN NAME OF MOTHER: Jennie Mahoney.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph B. Gillen

(Address) 130 Hanbert St.

Filed 9/28 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 27th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 23 Sept 1906 to 27 Sept 1906 that I last saw h[e] alive on 27 Sept 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Diptheria

(DURATION) 4 DAYS

Contributory Cardiac failure

Exhaustion (DURATION) 1 DAYS

(Signed) James Corper M. D.

28 Sept 1906 (Address) 1322 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross M.C.	Sept 28th 1906.
UNDERTAKER	ADDRESS
Jos. Stumbeck	1318 Light St

3 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of deceased, and the ***cause and date of death.***

Ward 23 93971 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N West St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Marie K. Frank

{Residence, if in Baltimore, Give Street and Number.} 110 N West St

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~White~~ Female | COLOR White

DATE OF BIRTH 17 August 1905

AGE 1 years, 1 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Conrad Frank

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kunigunda Loeffler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Frank

(Address) 110 W. West St.

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 — 1906

I HEREBY CERTIFY, That I attended deceased from June 30 1906 to Sept 26 1906 that I last saw h er alive on Sept 25 1906, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Entritis

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date Sept 27 — 1906

Place of Burial Holy Redeemer

Date Sept 28 — 1906

Undertaker Geo. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93972

City of Baltimore, (No. 519, W. Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence J. Flint

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Dec. 10 1876 (Month) (Day) (Year)
AGE	29 years, 9 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James M. Flint
BIRTHPLACE OF FATHER (State or country)	Boston, Mass.
MAIDEN NAME OF MOTHER	Mary R. Grooms
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Messenger P. R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary R. Flint

(Address) 519 W. Hoffman St.

Filed 9/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1906 to Sept. 26, 1906 that I last saw him alive on Sept. 26 1906; and that death occurred, on the date stated above, at 4^15 a.m. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 45 DAYS

Contributory Syphilis about 14 ~~DAYS~~

(DURATION)

(Signed) John M. Pannebaker M. D.

Sept. 27, 1906 (Address) 1209 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Sept 29 1906
UNDERTAKER	ADDRESS
Felix B Pye	102 E Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

93973 Registered No. B 93973

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CERTIFICATE OF DEATH.

(Place of Death.) No. 579 Enon st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph V. Leone

{ Residence, if in Baltimore, Give Street and Number. } 579 Enon st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 3 1906
AGE	..... years, ... months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Vincent Leone
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Angelina Ramonti
BIRTHPLACE OF MOTHER (State or country)	New York
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Leone

(Address) 579 Enon st

Filed 9/28 1906

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 27 1906 that I last saw him alive on Sept 27 1906, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Catarrhal Bronchitis (DURATION) 7 DAYS

(Signed) L. Hemmeter M.D.

Address 160 N. Linden Ave

Date Sept. 25 1906

Place of Burial St Vincents Cemetery

Date Sept 28th 1906

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 93974 — Registered No. B 93974

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Butler

{Residence, if in Baltimore, Give Street and Number.} 412 Elbow Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH: Aug 19 1906

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Howard Butler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine Boswell

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Boswell

(Address) 412 Elbow Lane

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to ..... 190..., that I last saw h in alive on above date, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

probably

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Mayer Browne M.D.

Address 115 W. Baltimore St

Date Sept 26 1906

Place of Burial Mt. Auburn Cem

Date Sept 28th 1906

Undertaker Saml. W. Chase

Address 1011 N. California St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93975

City of Baltimore, (No. 1118 N. Montford Ave. St.,) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James A. Smith (Smith)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 20th 1906 (Month) (Day) (Year)

AGE: ——— years, one months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: A. W. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mamie McMaken

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Smith

(Address) 1118 N Montford ave

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 27 1906

that I last saw him alive on Sept 26 1906 at 2.40

and that death occurred, on the date stated above, at 2.40 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) W. Rivet M. D.

Sept 27 1906 (Address) 835 E Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 28 1906

UNDERTAKER: Wm E Chenoweth & Son

ADDRESS: 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

2.C.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — 93976 — Registered No. B 93976

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CERTIFICATE OF DEATH.

(Place of Death.) No. 223 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Hudson

{Residence, if in Baltimore, Give Street and Number.} 223 N. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md Dallas

FULL NAME OF FATHER John Hudson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lily Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lily Hudson

(Address) 223 N Dallas st

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred R Camalier M.D.

Address Coroners Office

Date Sept 28 — 06 1906

Place of Burial Laural Cemetary

Date Sept 28 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 93977 — Registered No. B 93977

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CERTIFICATE OF DEATH.

(Place of Death.) No. 416 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. A. McTaggart

{Residence, if in Baltimore, Give Street and Number.} 416 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 30 1820

AGE: 86 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jno. Whalen

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary A. Roberts

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. McTaggart

(Address) 416 N. Broadway

Filed 9/28 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 28 1906 190

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1906 to Sept. 27 1906 that I last saw her alive on [illegible] 1906 and that death occurred, on the date stated above, at 3 13 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) General debility (DURATION) 6 weeks ~~DAYS~~

(Signed) F. A. Dawson M.D.

Address 1400 Jefferson St

Date SEP 28 1906 190

Place of Burial Loudon Park, Cem.

Date OCT 1 1906 190

Undertaker Wm. O. Fry

Address 421 N. BROADWAY

HARRY O. ANDREWS PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 2025, East Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 9397

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Frank H Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: May (Month) 6 (Day) 1869 (Year)

AGE: 37 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Salem Mass.

FULL NAME OF FATHER: Ezra W Brown

BIRTHPLACE OF FATHER (State or country): Mass

MAIDEN NAME OF MOTHER: Mary Howard

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: Manufacturer of Machinery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida C Brown

(Address) 2025 E Monument

Filed 9/28 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to September 27 1906

that I last saw him alive on Sept 27 1906

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis of Kidneys & Bladder

3 months (DURATION) DAYS

Contributory Exhaustion

3 months (DURATION) DAYS

(Signed) A.D. Macdonald M.D.

Sept 28 1906 (Address) 1501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 29 1906

UNDERTAKER: Henry W Jenkins Son

ADDRESS: 233 Saratoga

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W

Registered No. B

CERTIFICATE OF DEATH. 93979

(Place of Death.) No. 108 W. Mulberry St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Jenkins Shuma

{Residence, if in Baltimore, Give Street and Number.} 108 W. Mulberry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH: May 21 1844

AGE: 65 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Alfred Jenkins

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Elizabeth Hickley

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred J Shuma

(Address) 108 W. Mulberry St.

Filed 9/28 1906

Registrar

+ D. J.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday 28 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Sept-28 1906

that I last saw her alive on Sept-27 1906,

and that death occurred, on the date stated above, at 5-45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma from

General abdominal

Carcinosis (DURATION) Years DAYS.

Contributory (Primary)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Sept-28 1906

Place of Burial New Cathedral Cem

Date Sept 29th 1906

Undertaker Heberton's Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 93980

93980

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2604 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Brongezewska

{Residence, if in Baltimore, Give Street and Number.} 2604 Hudson St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 12 1905

AGE: ..... years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wladyslaus Brongozewski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Anna Plewazka

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Brongozewska

(Address) 2604 Hudson St

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Sept 23 1906 that I last saw h[illegible] alive on Sept 23 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 6 DAYS

(Signed) J. F. Szmurlo M.D.

Address 1722 S. Ann St

Date Sept 28 1906

Place of Burial St Stanislaus.

Date Saturday Sept 29" 1906

Undertaker W. F. Sadowski

Address 963 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 93981 — Registered No. B 93981

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabelle M. Abbott

{Residence, if in Baltimore, Give Street and Number.} 2202 E. Fayette st.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10 1905

AGE: ... years 18 months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William E. Abbott

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Esabelle M. Stout

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Abbott

(Address) 2202 E. Fayette

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Sept 27 1906 that I last saw her alive on Sept 27 1906, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Sept. 28 1906

Place of Burial Mt. Carmel

Date Sept. 29 1906

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93982 93982

Ward ..... Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 S Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sedliak

{ Residence, if in Baltimore, Give Street and Number. } 803 S Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Sedliak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Eva Klenowska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Sedliak.

(Address) 803 S Milton Ave

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 27 1906

that I last saw him alive on Sept 24 1906

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) G. C. Blades M.D.

Address 143 N 19th ave

Date Sept 28 1906

Place of Burial St Stanislaus.

Date Saturday Sept 29 1906

Undertaker M H Dadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 93983

93983

CERTIFICATE OF DEATH.

(Place of Death.) No. 2033 Fountain — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Breidenbach

{Residence, if in Baltimore, Give Street and Number.} 2033 Fountain st.

Duration of Residence in Baltimore. 33 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 12th 184

AGE: 85 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Mundt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franz Breidenbach

(Address) 2033 Fountain st

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1906 to Sept. 27th 1906 that I last saw h[er] alive on Sept 27th 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Exhaustion

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) Herman J. Grening M.D.

Address 1937 Eastern Ave.

Date Sept. 28th 1906

Place of Burial Loudon Park Cem.

Date Sept. 29 1906

Undertaker HENRY A. DILL & SONS, 1 E. Lexington & Baltimore Sts. and Frederick County, Md.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 93984

Ward 14 93984 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Clifford Jones

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	Aug 10, 1906
AGE	..... years, 1 month, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	C. G.
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/28/ 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept 26 1906 that I last saw h[illegible] alive on Sept 26 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. H. Hayward M.D.

Address 1230 N Caroline St

Date 9/27 1906

Place of Burial New Cathedral

Date Sept. 28th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

93985

Ward 14

Registered No. B 93985

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Goodrow

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	Aug 17th 1906
AGE	years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	✓
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Sept. 27 1906 that I last saw her alive on " " 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H. Hayward M.D.

Address 1230 N Caroline St.

Date 9/27, 1906.

Place of Burial New Cathedral

Date Sept. 28th 1906

Undertaker Martin Gahan & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93986

Ward 14

Registered No. B 93986

151

CERTIFICATE OF DEATH.

Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Cabrie Barbein

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH April 12th 1906

AGE ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1906 to Sept. 27 1906

that I last saw her alive on " 27 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

Rhachitis (DURATION) Few days

(Signed) E H Hayward M.D.

Address 1330 N Caroline

Date 9/28 1906

Place of Burial New Cathedral

Date Sept. 28th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

93987

Registered No. B 93987

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marion Whitney

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Sept. 8 1906

AGE: — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): L. I.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8 1906 to Sept 27 1906 that I last saw h[illegible] alive on Sept 26 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1130 N Carrollton Ave

Date 9/27 1906

Place of Burial New Cathedral

Date Sept. 28th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B 93988

93988

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Whalen

{Residence, if in Baltimore, Give Street and Number.} 1006 Fawn St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 9th 1889
AGE	17 years, 9 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Luther Whalen
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Mary Himmer
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Whalen

(Address) 1006 Fawn St.

Filed 9/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1906

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 190 to 190

that I last saw h~~im~~ alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Hemorrhage from having both legs cut off by freight train while attempting to steal a ride.

(DURATION) 12 hrs ~~DAYS~~

Contributory (Primary) Accidentally fell beneath a train. (DURATION) DAYS

(Signed) Benj. B. Hayden, ~~attnr~~ M.D.

Address 126 N. Caroline st.

Date ~~Sept~~ 28 1906

Place of Burial New Cathedral Cemetery

Date Sept. 29½ 1906

Undertaker Germanus Franz

Address 1 Bank & Wolfe Sts.

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 93989 Registered No. B 93989

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lewis Thomas

{ Residence, if in Baltimore, Give Street and Number. } Landy Bottom Towson md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Thomas

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Matilda F Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) Towson Md

Filed 9/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Sept 28 1906

that I last saw him alive on Sept 28 1906,

and that death occurred, on the date stated above, at 7 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Howard Mc Hurd M.D.

Address Johns Hopkins Hospital

Date September 28 1906

Place of Burial Towson Md

Date Sept 30 06 1906

Undertaker P T & C Co

Address 572 Myers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 — 93990 — Registered No. B 93990

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital 116 W. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 166

Full Name Ida McLaren.

{Residence, if in Baltimore, Give Street and Number.} 727 - 3rd Ave

Duration of Residence in Baltimore. 2½ years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1857

AGE 48 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U. C.

FULL NAME OF FATHER Geo Barter.

BIRTHPLACE OF FATHER (State or country) America

MAIDEN NAME OF MOTHER Eliz. Bolter

BIRTHPLACE OF MOTHER (State or country) Wash. U.C.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. McLaren

(Address) 727 - 3rd Ave.

Filed 7/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 6 ... M. CAUSE OF DEATH (Secondary or Immediate)

Shock, Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Fracture Base Skull Fell upon Car

(DURATION) DAYS

(Signed) Clinton Smithmeyer M.D.

Address 1818 N. Charles St

Date Sept 26 1906

Place of Burial Washington D.C

Date Sept 29 1906

Undertaker H. S. Manifold

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 93991 Registered No. B 93991

CERTIFICATE OF DEATH.

45

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Johan George Beker

{ Residence, if in Baltimore, Give Street and Number. } Catonsville Md

Duration of Residence in Baltimore. All his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — 1831

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Daniel Snaer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Daniel Snaer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Easton

(Address) Ellicott City

Filed 9/29/1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 28 1906 that I last saw h-im alive on Sept 28 1906, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Terminal Pneumonia

(DURATION) ... DAYS

Contributory (Primary.) Carcinoma

Nat Tumor (DURATION) ... DAYS

(Signed) H W Roberts M.D.

Address University Hospital

Date Sept 29th 1906

Place of Burial Loudon Park

Date Oct 1st 1906 1904

Undertaker Jas Hamir Easton & Sons

Address Ellicott City

HARRY C. ANDERSON, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 93992 — Registered No. B 93992

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Riordan

{Residence, if in Baltimore, Give Street and Number.} 713 Greenmount ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: March 23rd 1878

AGE: 28 years, 6 months, 4 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Ehrlein

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary Zimmerman

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Ehrlein

(Address) 713 Greenmount ave

Filed 9/29 1906

HENRY G. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from February 10, 1906 to Sept 27, 1906 that I last saw h er alive on Sept 26, 1906, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 8 Mos.

Con tributory (Primary.) Exhaustion

(DURATION) 5 DAYS

(Signed) P. E. Lilly M.D.

Address 705 Cromwell st

Date September 28 1906

Place of Burial Holy Redeemer Cemetery

Date October 1st 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93993

City of Baltimore, (No. #712 Sterling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Negro
DATE OF BIRTH	April 10th 1876 (Month) (Day) (Year)
AGE	30 years, 5 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Griffith
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Melia Robinson
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bailey

(Address) 12 Sterling St

Filed 9/29 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1906 to Sept 25th 1906 that I last saw h ed alive on Sept 25 1906, and that death occurred, on the date stated above, at a. m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

1 1/2 (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John D Peck, M. D.

Sept 27th 1906 (Address) 936 E Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Sept 29 1906
UNDERTAKER	ADDRESS
R. F. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 — 93994 — Registered No. B 93994

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Tetiana Barrett

{Residence, if in Baltimore, Give Street and Number.} 220 N Central Av

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F.	COLOR: B.
DATE OF BIRTH: 1	
AGE: 34 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Barrett

(Address) 220 N Central Ave

Filed 9/29 1906 — Registrar

HARRY G. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27 — 1906

I HEREBY CERTIFY, That I attended deceased from Sep. 17 — 1906 to Sep. 27 1906 that I last saw her alive on Sep. 27 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia due to disease of liver — (Alcoholic Cirrhosis) & kidneys (Uremia) (DURATION) 8 DAYS

Contributory (Primary) Anemia —

Endocarditis (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date September 27 — 1906

Place of Burial Asbury

Date Sept 29 — 1906

Undertaker R. J. Elliott

Address 1500 Wyoming Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

93995 Registered No. B 9395

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospt. St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Jno. W. Gates

{Residence, if in Baltimore, Give Street and Number.} Univ. Hosp.

Duration of Residence in Baltimore. 27 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 28 1906

AGE 41 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. R. Deer

(Address) Sykesville

Filed 9/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 28 1906

that I last saw him alive on 28 Sept 1906,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Typhoid complicated by Peritonitis

(DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. R. Winslow M.D.

Address Univ Hosp.

Date Sept 28 1906

Place of Burial Sykesville Md

Date Sept 29" 1906

Undertaker Em Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93996

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 93996

City of Baltimore, (No. 308 Sycamore Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas S Eichelberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 20th. 1842 (Month) (Day) (Year)

AGE: 64 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: Geo. S. Eichelberger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Birmingham

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson E. Eichelbergers

(Address) 308 Sycamore

Filed 9/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 12th 1905 to Sept 27th 1906

that I last saw him alive on Sept 27 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Bright's disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E Millen Reed, M. D.

Sept 29th 1906 (Address) 904 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mary's Hampole	Sept. 29 1906
UNDERTAKER	ADDRESS
Horace Burger	3631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 93997 — Registered No. B 93997

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1523 N. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James R. McCurdy

{Residence, if in Baltimore, Give Street and Number.} 1523 N. Wolf

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR White

DATE OF BIRTH Sept 2 1822

AGE 84 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Ida E Hunter

BIRTHPLACE OF MOTHER (State or country) Baltimore Scotland

OCCUPATION OF DECEASED Carriage maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma C Mosely

(Address) 1523 N. Wolf

9/29 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from June 7 1906 to Sept 27 1906

that I last saw h~~im~~ alive on Sept 26 1906

and that death occurred, on the date stated above, at 12.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Mitral regurgitation & Heart (DURATION) 6 mo

(Signed) Geo L Taylor M.D.

Address 1204 N. B'way

Date Sept 27 - 1906

Place of Burial Mt Carmel

Date Sept 30 - 1906

Undertaker Robt J Lennon

Address Gray Raleigh

W. M. C. KELLEY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 — 93998 — Registered No. B 93998

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose C. Hyman

{Residence, if in Baltimore, Give Street and Number.} ~~Lifetime~~ 1016 Valley st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH June 22 1884

AGE 22 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER ____

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER ____

BIRTHPLACE OF MOTHER (State or country) ____

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Hyman

(Address) 1016 Valley St

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28 — 1906

I HEREBY CERTIFY, That I attended deceased from July 13 — 1906 to Sept. 28 — 1906 that I last saw her alive on Sept. 27 — 1906, and that death occurred, on the date stated above, at 9.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculo

4 months (DURATION) DAYS

Contributory (Primary.) ____

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date September 28 — 1906

Place of Burial Holy Cross

Date Oct 1 1906

Undertaker Chas T Timmer

Address 1 Bway E Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B 93999

93999

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Young

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May ? 1906

AGE: ..... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Howard Co. Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/29 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Sept 25 1906 that I last saw h[illegible] alive on " " 190" , and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Standish McCleary M.D.

Address 1605 Linden Ave

Date 190

JOHNS HOPKINS HOSPITAL

Place of Burial .....

SEP 28 1906

Date 190

HARRY O. ANDREWS, PERMIT CLERK

Undertaker Commissioner Morris

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22nd DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH B9165 6/26/06 AND ENDING WITH B-93999 9/27/06 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O T Line



END OF REEL